HEALTH RESEARCH FACILITIES

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH CONGRESS

SECOND SESSION

ON

H. R. 6874 and H. R. 6875

BILLS TO AMEND THE PROVISIONS OF THE PUBLIC HEALTH SERVICE ACT RELATING TO GRANTS FOR CONSTRUCTION OF RESEARCH FACILITIES SO AS TO INCREASE THEIR DURATION FROM 3 TO 5 YEARS AND TO AUTHORIZE GRANTS FOR MEDICAL AND DENTAL TEACHING FACILITIES

H. R. 7841

A BILL TO AUTHORIZE A 5-YEAR PROGRAM OF GRANTS FOR CONSTRUCTION OF MEDICAL, DENTAL, AND PUBLIC HEALTH EDUCATIONAL AND RESEARCH FACILITIES, AND FOR OTHER PURPOSES

H. R. 11913

A BILL TO AMEND THE PUBLIC HEALTH SERVICE ACT TO AUTHORIZE GRANTS FOR RESEARCH AND TEACHING FACILITIES FOR EXISTING AND NEW MEDICAL, DENTAL, AND PUBLIC HEALTH SCHOOLS; TO EXTEND TITLE VII OF THAT ACT (RELATING TO HEALTH RESEARCH FACILITIES) FOR AN ADDITIONAL 3-YEAR PERIOD; AND FOR OTHER PURPOSES

APRIL 22, 23, AND 29, 1958

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CONTENTS

	Page
Text of—	
H. R. 6874	2
H. R. 7841	5
H. R. 11913	7
Report of—	
Bureau of the Budget on—	
H. R. 6874	13
H. R. 7841	19
H. R. 11913	23
Health, Education, and Welfare Department on—	
H. R. 6874	15
H. R. 7841	17
H. R. 11913	22
Labor Department on—	
H. R. 6874	14
H. R. 7841	20
H. R. 11913	21
Statement of—	
Armistead, Dr. W. W., American Veterinary Medical Association	144
Berson, Dr. Robert, dean, medical college, University of Alabama	102
Burney, Dr. L. E., Surgeon General, Public Health Service, Department of Health, Education, and Welfare	90, 151
Darley, Dr. Ward, executive director, Association of American Dental Colleges	32
Dietrich, Dr. John, dean, school of medicine, Cornell University	33
Fogarty, Hon. John E., a Representative in Congress from the State of Rhode Island	24
Herz, Dr. Francis, member, council on legislation, American Dental Association	52, 110
Hussey, Dr. Hugh, professor of medicine, Georgetown University, and member, board of trustees, American Medical Association	35
Lippard, Dr. Vernon W., representing Association of American Medical Colleges	95
Marsh, Dr. Homer F., dean, school of medicine, University of Miami	98
McGuinness, Dr. Aims C., Special Assistant to the Secretary (Health and Medicine), Department of Health, Education, and Welfare	88
Peterson, Dr. Shailer, secretary, council on dental education, American Dental Association	111
Rault, Dr. Clement V., on behalf of American Association of Dental Schools	52
Rubin, Dr. Abe, secretary and editor, American Podiatry Association	67
Stebbins, Dr. E. L., dean, school of hygiene, Johns Hopkins University	48
Sterling, Dr. Wallace, president, Stanford University	40
Thompson, Julia C., Washington representative, American Nurses' Association	71
Additional information submitted for the record by—	
American Dental Association, statement of	116
American Federation of Labor and Congress of Industrial Organizations, statement of Andrew J. Biemiller, director of legislation	142
American Medical Association: Letter from Dr. F. J. L. Blasingame	36
American Nurses' Association, educational resources for the preparation of nurses	73
American Osteopathic Association, letter from Dr. C. D. Swope, chairman	182

Additional information submitted by—Continued

Page

Association of American Medical Colleges:
- Letter from Dr. Ward Darley, executive director 137
- Statement on the future need for physicians 94
- Statement regarding 2-year schools 94

Fogarty, Hon. John E.: Nation Needs Physicians To Meet Population Rise, article from New York Times, March 3, 1958 26

Leavell, Dr. Hugh R., letter from 26

Public Health Service: Trend in the number of physicians in the United States, 1910–55, table 165

APPENDIX A

(Material submitted by Association of American Medical Colleges)

California University Medical Center, letter from Dr. Stafford L. Warren, dean 187

Chicago Medical School, statement of John J. Sheinen, president 190

Colorado University School of Medicine, statement in support of Federal legislation for research and teaching facilities construction for schools of medicine, dentistry, and allied professions 188

Columbia University College of Physicians and Surgeons, comments of Dr. Willard C. R. Rappleye, dean 200

Dartmouth Medical School, letter from Dr. S. M. Tenney 199

Duke University, letter from W. C. Davison, School of Medicine, Department of Surgery 202

Indiana University Medical Center, letter from Dr. J. D. Van Nuys, dean 182

Johns Hopkins University School of Medicine, letter from Dr. Thomas B. Turner, dean of medical faculty 197

Kansas University Medical Center, letter from Dr. W. Clarke Wescoe, director 194

Kentucky University, letter from Dr. William R. Willard, vice president 194

Louisville University, statement of Dr. J. Murray Kinsman, dean, School of Medicine 196

Loyola University, statement of Dr. John F. Sheehan, dean, Stritch School of Medicine 191

Meharry Medical College School of Medicine, letter from Dr. D. T. Rolfe, dean 207

Miami University School of Medicine, impact of Federal assistance in medical education facilities construction program 185

Michigan University Medical School, letter form A. C. Furstenberg, dean 198

Minnesota University Medical School, letter from Dr. Robert B. Howard, associate dean 198

North Carolina University School of Medicine, letter from Dr. W. B. Berryhill, dean 203

Pennsylvania Woman's Medical College, letter from Dr. Marion Fay, dean 204

Puerto Rico Medical School and Medical Center, statement of 204

South Dakota State University School of Medicine, letter from Dr. Walter L. Hard, dean 206

Tufts University School of Medicine, letter from Dr. J. M. Hayman, Jr., dean 197

Union University, letter from Dr. Harold C. Wiggers, dean, Albany Medical College 200

Vanderbilt University School of Medicine, letter from Dr. John B. Youmans, dean 208

Vermont University College of Medicine, letter from Dr. George A. Wolf, Jr., dean 209

Wake Forest College, letter from Dr. C. C. Carpenter, dean, Bowman Gray School of Medicine 201

Wisconsin University Medical School, letter from Dr. John Z. Bowers, dean 210

APPENDIX B

(Material submitted by Public Health Service)

Page

Cancer and Heart Institutes research construction grants 245
Health research facilities grants 211
Hospital and medical facilities construction program, semiannual analysis of projects approved for Federal aid, as of December 31, 1957 319
Hospital and medical facilities project register, December 31, 1957 371
Research fellowships, part-time fellowships, and traineeships 285
Research grants 254
Training grants 276

APPENDIX C

(Material submitted by general public)

American Association of Chiropody-Podiatry Colleges, letter from Dr. Donald V. Anderson, president 450
American Association of Land-Grant Colleges and State Universities, letter from Russell I. Thackrey, executive secretary 455
American Cancer Society, telegram from Mefford R. Runyon, executive vice president 455
American Congress of Physical Medicine and Rehabilitation, letter from Dr. Glenn Gullickson, chairman, committee on legislation 449
American Council on Education, letter from Arthur S. Adams 449
American Hospital Association, letters from Kenneth Williamson, associate director 451, 452
American Library Association, statement of Frederick G. Kilgour 453
Arthritis and Rheumatism Foundation, telegram from Thomas E. Freeman, executive director 455
Association of American Physicians and Surgeons, Inc., letter from Dr. Mal Rumph, president, transmitting resolutions 459
Catellier, Dr. Louis A., letter from 454
Densford, Kathryn J., director, School of Nursing, University of Minnesota, telegram from 448
Dickey, John S., letter from 458
Georgia Dental Association, letter from Dr. F. M. Butler, secretary-treasurer 458
Knapp, Louise, letter from 457
Minnesota University Medical School, letter from Dr. Robert B. Howard, associate dean 448
National Foundation for Eye Research, telegram from J. M. Ulmer, secretary 454
National Multiple Sclerosis Society, telegram from Sylvia Lawry, executive director 454
National Society for Crippled Children and Adults, Inc.:
Letter from Dr. Dean W. Roberts, executive director 457
Telegram from Paul Dietrich, president 453
New York State Nurses Association, letter from Katherine E. Rehder, executive director 448
Ravdin, Dr. I. S., letter from 446
Rubin, Dr. Abe, correspondence with Public Health Service 446, 447
St. John's University Department of Nursing Education, letter from Mary E. Reap, administrative chairman 449

HEALTH RESEARCH FACILITIES

TUESDAY, APRIL 22, 1958

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH AND SCIENCE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The subcommittee met at 10 a. m. in room 1334, New House Office Building, the Honorable John Bell Williams (chairman of the subcommittee) presiding.

Mr. WILLIAMS. This morning the Subcommittee on Health and Science commences 2 days of hearings on 4 bills providing for Federal matching grants for the construction of health research and teaching facilities.

The first of the four bills, H. R. 6874, introduced by our chairman, Mr. Harris, and H. R. 6875, introduced by our ranking minority member, Mr. Wolverton, were introduced at the request of the administration. The other two bills are H. R. 7841, introduced by Mr. Fogarty, who is chairman of the Subcommittee on Health and Welfare of the Appropriations Committee, and H. R. 11913, introduced by Mr. Roberts of Alabama, our colleague on the Committee on Interstate and Foreign Commerce.

The time allotted for these hearings is quite limited. If the legislation is to be considered seriously during the present Congress, time is of the essence. Furthermore, I might add that the Committee on Interstate and Foreign Commerce is quite familiar with the premises on which this legislation is based.

During the 84th Congress the committee considered and reported favorably legislation providing for matching grants for the construction of health research facilities. The committee considered extension of that legislation to include the construction of teaching facilities as well. However, as all of you know, Public Law 835 of the 84th Congress as finally enacted was limited to Federal grants for the construction of health research facilities as distinguished from teaching facilities.

The Health Research Facilities Act, which authorized a total of $90 million for the construction of health research facilities will expire next year, and all of the authorized funds have already been spent or committed. The report of the Surgeon General states that the Surgeon General has on hand additional approvable applications amounting to $61 million. This legislation has contributed substantially to the expansion of health research facilities.

The committee is aware that medical schools, including dental schools, public health schools, and osteopathic colleges, are in urgent need of funds for teaching facilities as well as research facilities. The

staff report made at the direction of the committee, which was submitted to this committee at the beginning of the 85th Congress, contains a complete survey of medical school needs.

The question arises in my mind and, I am quite certain, in the minds of others on this committee, as to whether or not this is a Federal rather than a local responsibility.

Having this report before us, the committee is in possession of most of the relevant facts with regard to this legislation, and the hearings today and tomorrow are more in the nature of a refresher course designed to touch only the highlights of the legislation.

In order to save time, the hearings for the most part will be in the nature of informal panel discussions in which representatives of medical schools, dental schools, and the Department of Health, Education, and Welfare will participate. However, a few other witnesses have expressed a desire to testify, and the subcommittee will do its best to hear as many of them as possible at the end of the panel discussion.

Before we proceed with the hearing, let copies of the bills under consideration be inserted in the record at this point, together with reports of the Department of Health, Education, and Welfare, the Department of Labor, and the Executive Office of the President, Bureau of the Budget.

(The material referred to is as follows:)

[H. R. 6874, 85th Cong., 1st sess.]

A BILL To amend the provisions of the Public Health Service Act relating to grants for construction of research facilities so as to increase their duration from three to five years and to authorize grants for medical and dental teaching facilities

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Medical and Dental Teaching Facilities Act of 1957".

SEC. 2. The heading of title VII of the Public Health Service Act is amended to read "HEALTH RESEARCH AND TEACHING FACILITIES".

SEC. 3. Section 701 of the Public Health Service Act (setting forth the declaration of policy) is amended to read as follows:

"SEC. 701. (a) The Congress hereby finds and declares that (1) the Nation's economy, welfare, and security are adversely affected by many crippling and killing diseases the prevention and control of which require adequate numbers of physicians, dentists, and professional public health personnel and a substantial increase, in all areas of the Nation, of research activities in the sciences related to health, and (2) funds for the construction of new and improved non-Federal facilities in which teaching of such personnel may be provided or to house such research activities are inadequate.

"(b) It is therefore the purpose of this title to assist in the construction of medical and dental teaching facilities and facilities for the conduct of research in the sciences related to health by providing grants on a matching basis to public and nonprofit institutions for such purposes."

SEC. 4. (a) Paragraph (1) of section 702 of the Public Health Service Act (relating to the definitions) is amended by striking out "Research Facilities" and inserting in lieu thereof "Research and Teaching Facilities".

(b) Such section 702 is further amended by striking out "and" at the end of paragraph (3), by striking out the period at the end of paragraph (4) and inserting in lieu thereof a semicolon, and by inserting at the end of such section the following new paragraphs:

"(5) the term 'medical school' means a school which provides training leading to a degree of doctor of medicine or osteopathy, or a graduate degree in public health; and

"(6) the term 'dental school' means a school which provides training leading to a degree of doctor of dental surgery, or an equivalent degree."

SEC. 5. (a) The heading of section 703 of the Public Health Service Act (re-

lating to the National Advisory Council on Health Research Facilities) is amended by striking out "RESEARCH FACILITIES" and inserting in lieu thereof "RESEARCH AND TEACHING FACILITIES".

(b) (1) The first sentence of subsection (a) of such section is amended by striking out "Research Facilities" and inserting in lieu thereof "Research and Teaching Facilities", by striking out "the Surgeon General of the Public Health Service who shall be Chairman, and" and inserting in lieu thereof "the Surgeon General, who shall be Chairman, the Commissioner of Education, and", and by striking out "twelve" and inserting in lieu thereof "sixteen".

(2) The second sentence of such subsection is amended by striking out "Four" and inserting in lieu thereof "Six" and by striking out "eight" and inserting in lieu thereof "ten".

(3) Clause (1) of the third sentence of such subsection is amended by inserting "medical or dental schools or" before "institutions". Clause (2) of such sentence is amended by striking out "research" and inserting in lieu thereof "research or teaching".

SEC. 6. Section 704 of the Public Health Service Act (relating to authorization of appropriations) is amended to read as follows:

"SEC. 704. There are hereby authorized to be appropriated for each fiscal year in the period beginning July 1, 1956, and ending June 30, 1961, such sums as the Congress may determine for making grants, as provided in this title, to assist in the construction of facilities for research in the sciences related to health or for medical or dental teaching; except that the aggregate appropriations during such period for such grants for facilities for research in dentistry and the fundamental and applied sciences related thereto, and for dental teaching facilities, may not exceed $30,000,000, and the aggregate appropriations during such period for such grants for other facilities may not exceed $195,000,000. Sums appropriated pursuant to this section shall remain available until expended."

SEC. 7. (a) Subsection (a) of section 705 of the Public Health Service Act (relating to approval of applications) is amended by striking out "1958" and inserting in lieu thereof "1960".

(b) Subsection (b) of such section is amended to read as follows:

"(b) (1) To be eligible to apply for a grant to assist in the construction of any facility under this title, the applicant must be a public or nonprofit school or other institution and must be approved as provided in paragraph (2) or (3).

"(2) To be approved for purposes of eligibility for a grant to assist in the construction of a facility for teaching or a facility for both teaching and research, an institution must be a medical or dental school accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that a new school which (by reason of no, or an insufficient, period of operation) is not, at the time of application for a grant to construct a facility under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title if the Commissioner of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will, upon completion of such facility, meet the accreditation standards of such body or bodies.

"(3) To be approved for purposes of eligibility for a grant to assist in the construction of a facility for research in the sciences related to health, an institution must be determined by the Surgeon General, after consultation with the Council, to be competent to engage in the type of research for which the facility is to be constructed."

(c) Such section 705 is further amended by redesignating subsections "(c)", "(d)", and "(e)" as subsections "(d)", "(e)", and "(f)", respectively, and by inserting after subsection (b) the following new subsection:

"(c) No medical or dental school shall be eligible for a grant under this title to assist in the construction of a facility, for teaching or for teaching and research, which is a hospital, diagnostic or treatment center, rehabilitation facility, or nursing home (as defined in subsections (e), (1), (n), and (o), respectively, of section 631)."

(d) The subsection and such section 705 herein redesignated as subsection (d) is amended by striking out "subsection (b)" in paragraph (1) and inserting in lieu thereof "subsections (b) and (c)", by inserting "or, in the case of a medical or dental school, the facility will be used by the school for teaching or for research in the sciences related to health" before the comma at the end of clause (A) of paragraph (2), by striking out "research" in clause (C) of such para-

graph and inserting in lieu thereof "research or teaching", and by striking out paragraph (3) and inserting in lieu thereof:

"(3) the proposed construction will expand the applicant's capacity for research in the sciences related to health or, in the case of facilities for any medical or dental school, capacity for such research or for teaching medicine, dentistry, osteopathy, or public health, or is necessary to improve or maintain the quality of such research or teaching by the applicant."

(e) The subsection of such section 705 herein redesignated as subsection (f) is amended by inserting "or, in the case of facilities for any medical or dental school, capacity for such research or for teaching medicine, dentistry, osteopathy, or public health" after "research in the sciences related to health", by striking out "such research" each time it appears therein and inserting in lieu thereof "such research or teaching", by inserting "or prospective student applicants" after "scientific research workers", and by striking out "available research resources" and inserting in lieu thereof "available research or teaching resources".

SEC. 8. Subsection (a) of section 706 of the Public Health Service Act (relating to amount of grant and payments) is amended by inserting "(1)" after "proportionate" and by inserting before the period at the end of the subsection ", or (2) when a medical or dental school is the applicant, to the contemplated use of the facility by the school for such research or for teaching".

SEC. 9. Section 707 (b) of the Public Health Service Act (relating to recapture of payments) is amended to read as follows:

"(b) unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to use the facility for such purposes, the facility shall cease to be used for the research purposes for which it was constructed or, in the case of a medical or dental school facility, shall cease to be used by the school for teaching or for research in the sciences related to health,".

SEC. 10. Section 708 of the Public Health Service Act (relating to noninterference with administration of institutions) is amended by striking out "the research conducted by, and the personnel or administration of, any institution" and inserting in lieu thereof "the personnel, curriculum, methods of instruction, research, or administration of any institution".

SEC. 11. The second sentence of section 710 of the Public Health Service Act is amended to read: "The fourth such report (to be submitted on or before January 15, 1960) shall include an appraisal of the current program under this title in the light of its adequacy to meet the needs for funds for the construction of non-Federal facilities for medical or dental teaching or for research in the sciences related to health."

SEC. 12. The amendments made by this Act shall become effective July 1, 1957, except that such amendments shall not have any effect upon the entitlement of any applicant to payments under title VII of the Public Health Service Act with respect to any project approved by the Surgeon General of the Public Health Service under such title prior to the enactment of this Act.

SEC. 13. Within six months after the enactment of this Act, the Surgeon General of the Public Health Service, after consultation with the National Advisory Council on Health Research and Teaching Facilities (established by section 703 of the Public Health Service Act) and with the approval of the Secretary of Health, Education, and Welfare, shall, to the extent necessary to carry out the amendments made by this Act, amend the regulations prescribed pursuant to section 709 (a) of the Public Health Service Act.

SEC. 14. As soon as convenient after June 30, 1957, the Secretary of Health, Education, and Welfare shall appoint the additional members, authorized by the amendments made by this Act, of the National Advisory Council on Health Research and Teaching Facilities.

SEC. 15. As used in the provisions of the Public Health Service Act set forth in this Act, the term "Secretary" means the Secretary of Health, Education, and Welfare.

(NOTE.—H. R. 6875, introduced by Mr. Wolverton of New Jersey, is identical with H. R. 6874 and is not printed herewith.)

[H. R. 7841, 85th Cong., 1st sess.]

A BILL To authorize a five-year program of grants for construction of medical, dental, and public health educational and research facilities, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Health Educational Facilities Construction Act of 1957".

SEC. 2. The Public Health Service Act, as amended, is amended by adding at the end thereof the following new title:

"TITLE VIII—HEALTH EDUCATIONAL FACILITIES CONSTRUCTION PROGRAM

"SEC. 801. The Congress hereby finds and declares that—

"(a) increased demand for health services and health research necessitate the expansion and improvement of existing health educational facilities;

"(b) steadily increasing tuition fees and increasing contribution from private citizens, associations, funds, and foundations and from the health professions themselves have proven insufficient to provide the necessary capital funds required for such expansion and improvement;

"(c) it is, therefore, the policy of the Congress to provide funds for construction of health educational and research facilities for our public and nonprofit medical, dental, and public health schools, thus insuring the continued production of an adequate number of properly qualified and trained physicians, dentists, teachers, and research scientists.

"DEFINITIONS

"SEC. 802. As used in this title—

"(a) The terms 'construction' and 'cost of construction' include (A) the construction of new buildings and the expansion, remodeling, and alteration of existing buildings, including architects' fees in excess of amounts granted under section 804 (a) (3), but not including the cost of acquisition of land or off-site improvements, except in the case of existing structures suitable for use as health educational or research facilities, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

"(b) The term 'nonprofit' means owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual; and

"(c) The term 'medical school' means a school providing training leading to the degree of doctor of medicine or osteopathy, approved or accredited by a recognized body or bodies approved by the Surgeon General after he has obtained the advice and recommendation of the Federal Council on Medical and Dental Educational Facilities created under section 803.

"(d) The term 'dental school' means a school which provides training leading to a degree of doctor of dental surgery, or an equivalent degree, approved or accredited by a recognized body or bodies approved by the Surgeon General after he has obtained the advice and recommendation of the Federal Council on Medical and Dental Educational Facilities created under section 803.

"(e) The term 'public health school' means a school which provides comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs.

"(f) The term 'health educational and research facilities' includes educational and research facilities in medicine, dentistry, and public health.

"COUNCIL ON HEALTH EDUCATIONAL FACILITIES

"SEC. 803 (a) There is hereby created a Federal Council on Health, Educational Facilities (hereinafter referred to as the Council) consisting of the Surgeon General, who shall serve as Chairman ex officio, and twelve members appointed without regard to the civil-service laws by the Surgeon General with the approval of the Secretary of Health, Education, and Welfare. Six of the appointed members shall be selected from the general public and six shall be selected from among leading medical, dental, public health, or scientific authorities who are skilled in the sciences related to health.

"(b) The Council shall advise, consult with, and make recommendations to, the Surgeon General in connection with payments out of appropriations authorized by section 804 and on other matters relating to the administration of this title.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 804. (a) There are hereby authorized to be appropriated for the fiscal year ending June 30, 1958, and for each of the four succeeding fiscal years, the sums hereinafter specified to enable the Surgeon General, upon the recommendation of the Council, to make grants-in-aid for construction of teaching and research facilities of public or nonprofit medical, dental, and public health schools necessary to carry out the provisions of section 801: In the case of medical schools the sum of $45,000,000 for each fiscal year; and in the case of dental schools the sum of $8,000,000 for each fiscal year; and in the case of public health schools the sum of $7,000,000 for each fiscal year. No such grant shall be in excess of 50 per centum of the cost of construction with respect to which it is made, except that—

"(1) where the school gives satisfactory assurance that the freshman enrollment will be increased by 5 per centum of the 1956–1957 freshman enrollment, the grant shall be made in an amount equal to 66⅔ per centum of the cost of construction;

"(2) in the case of new schools, grants may be made, upon recommendation of the national accrediting agencies, in an amount not to exceed 66⅔ per centum of the cost of construction; and

"(3) upon application of any medical, dental, or public health school, a grant of not to exceed $25,000 may be made for the purpose of preparing initial plans with estimates for the proposed new construction.

"(b) No grant or grants shall be made to any one medical school in excess of $3,000,000 or to any one dental or public health school in excess of $1,000,000 for the total five-year program authorized in this section, exclusive of amounts granted under subsection (a) (3) of this section.

"(c) Funds appropriated pursuant to this section shall remain available for the fiscal year in which appropriated and the two succeeding fiscal years.

"(d) Except as provided in subsection (a) (2) of this section, payments from appropriations under this section may be made only in the case of accredited medical and dental schools.

"APPLICATIONS BY MEDICAL, DENTAL, AND PUBLIC HEALTH SCHOOLS FOR GRANTS

"SEC. 805. Any new or existing public or nonprofit medical, dental, or public health school desiring a grant under this title may file an application therefor with the Surgeon General for the fiscal year in which such grant is desired. Such application shall contain such information as the Surgeon General may by regulation prescribe and shall contain adequate assurances that the school will be operated as a public or nonprofit institution, and comply with all provisions of this title and regulations promulgated pursuant thereto.

"GRANTS FOR CONSTRUCTION

"SEC. 806. (a) The Surgeon General, in accordance with regulations, and upon the recommendation of the Council, shall determine from time to time the amount to be paid to each medical, dental, or public health school from appropriations under section 804 and shall certify to the Secretary of the Treasury the amounts so determined. Upon receipt of any such certification, the Secretary of the Treasury shall, prior to audit or settlement by the General Accounting Office, pay in accordance with such certification.

"(b) Not to exceed 20 per centum of the amount of any grant for new construction may, at the discretion of the applicant, be allocated to permanent endowment for the cost of maintenance of the new facility.

"REGULATIONS

"SEC. 807. All regulations under this title with respect to payments to medical, dental, or public health schools shall be made only after obtaining the advice and recommendation of the Council.

"GENERAL PROVISIONS

"SEC. 808. Nothing in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any control over, or prescribe any requirements with respect to, the curriculum or administration of any medical, dental, or public health school, or the admission of applicants thereto."

TECHNICAL AMENDMENTS TO ACT OF JULY 1, 1944

SEC. 3. (a) The Act of July 1, 1944 (58 Stat. 682), as amended, is hereby further amended by changing the number of title VIII to IX and by changing the numbers of sections 801 to 814, inclusive, and references thereto, to sections 901 to 914, respectively.

(b) Section 1 of the Public Health Service Act is amended to read as follows:

"SECTION 1. Titles I to VII, inclusive, of this Act may be cited as the 'Public Health Service Act'."

[H. R. 11913, 85th Cong., 2d sess.]

A BILL To amend the Public Health Service Act to authorize grants for research and teaching facilities for existing and new medical, dental, and public health schools; to extend title VII of that Act (relating to health research facilities) for an additional three-year period; and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Medical and Dental Research and Teaching Facilities Act of 1958."

TITLE I

SEC. 101. Paragraph (1) of section 702 of the Public Health Service Act (relating to definitions) is amended by striking out "Research Facilities" and inserting in lieu thereof "Research and Teaching Facilities".

SEC. 102. (a) The heading of section 703 of the Public Health Service Act (relating to the National Advisory Council on Health Research Facilities) is amended by striking out "RESEARCH FACILITIES" and inserting in lieu thereof "RESEARCH AND TEACHING FACILITIES".

(b) (1) The first sentence of subsection (a) of such section is amended by striking out "Research Facilities" and inserting in lieu thereof "Research and Teaching Facilities", and by striking out "twelve" and inserting in lieu thereof "sixteen".

(2) The second sentence of such subsection is amended by striking out "Four" and inserting in lieu thereof "Six" and by striking out "eight" and inserting in lieu thereof "ten".

(3) Clauses (1) and (2) of the third sentence of such subsection are amended by striking out "research" and inserting in lieu thereof "research or teaching" each place where it appears.

(c) Subsection (b) of such section is amended by inserting "and titles VIII and IX of this Act" after "title" each place where it appears.

(d) Subsection (c) of such section is amended by inserting "and titles VIII and IX of this Act" after "title" each place where it appears.

SEC. 103. (a) Section 704 of the Public Health Service Act (relating to authorization of appropriations) is amended by striking out "two succeeding fiscal years," and inserting in lieu thereof "five succeeding fiscal years,".

(b) Section 705 (a) of the Public Health Service Act (relating to approval of applications) is amended by striking out "1958" and inserting in lieu thereof "1961".

TITLE II

SEC. 201. The Public Health Service Act is amended by adding at the end thereof the following new title:

"TITLE VIII—EXISTING MEDICAL, DENTAL, AND PUBLIC HEALTH SCHOOLS

"DECLARATION OF POLICY

"SEC. 801. (a) The Congress hereby finds and declares that (1) the Nation's economy, welfare, and security are adversely affected by many crippling and killing diseases the prevention and control of which require adequate numbers of physicians, dentists, and professional public health personnel, teachers, and research scientists in the sciences related to health, and a substantial increase, in all areas of the Nation, of research activities in these sciences, and (2) funds for the construction of new and improved non-Federal facilities in which teaching of such personnel may be provided or to house such research activities are inadequate.

"(b) It is therefore the purpose of this title to assist in the construction of medical, dental, and public health teaching facilities and facilities for the conduct of research in the sciences related to health by providing grants on a matching basis to medical, dental, and public health schools for such purposes.

"DEFINITIONS

"SEC. 802. As used in this title—

"(1) the term 'Council' means the National Advisory Council on Health Research and Teaching Facilities established by section 703 of this Act;

"(2) the terms 'construction' and 'cost of construction' include (A) the construction of new buildings and the expansion, remodeling and alteration of existing buildings, including architects' fees, but not including the cost of acquisition of land or off-site improvements, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

"(3) the term 'sciences related to health' includes medicine, osteopathy, dentistry, and public health, and fundamental and applied sciences when related thereto;

"(4) the term 'medical school' means a school (A) which provides training leading to a degree of doctor of medicine or osteopathy or a graduate degree in public health, and (B) which is approved or accredited before the date of enactment of this title by a recognized body or bodies approved by the Surgeon General;

"(5) the term 'dental school' means a school (A) which provides training leading to a degree of doctor of dental surgery, or an equivalent degree, and (B) which is approved or accredited before the date of enactment of this title by a recognized body or bodies approved by the Surgeon General; and

"(6) the term 'public health school' means a school (A) which provides comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs, and (B) which is approved or accredited before the date of enactment of this title by a recognized body or bodies approved by the Surgeon General.

"NATIONAL ADVISORY COUNCIL ON HEALTH RESEARCH AND TEACHING FACILITIES

"SEC. 803. The Council shall perform the same functions with respect to this title as it performs with respect to title VII of this Act.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 804. There is hereby authorized to be appropriated $50,000,000 for each fiscal year in the period beginning July 1, 1958, and ending June 30, 1963, for making grants-in-aid as provided in this title for the construction of medical, dental, and public health teaching facilities, and facilities for the conduct of

research in the sciences relating to health by medical, dental, and public health schools; and any sums appropriated pursuant to this section shall remain available until expended.

"APPROVAL OF APPLICATIONS

"SEC. 805. (a) Applications for grants under this title shall be made not later than June 30, 1962.

"(b) To be approved for purposes of eligibility for a grant to assist in the construction of a facility for teaching or a facility for both teaching and research, an institution must be a medical school, dental school, or a public health school.

"(c) A grant under this title may be made only if the application therefor is recommended for approval by the Council and is approved by the Surgeon General upon his determination that—

"(1) the applicant meets the eligibility conditions set forth in subsection (b);

"(2) the application contains or is supported by reasonable assurances that (A) for not less than ten years after completion of construction, the facility will be used for the purposes for which it is to be constructed, (B) subject to subsection (d), sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility, and (C) sufficient funds will be available, when construction is completed, for effective use of the facility for the purposes for which it is being constructed; and

"(3) the proposed construction will expand the applicant's capacity for research in the sciences related to health or for teaching medicine, dentistry, osteopathy, or public health, or is necessary to improve or maintain the quality of such research or teaching by the applicant.

"(d) Within such aggregate monetary limit as the Surgeon General may prescribe, after consultation with the Council, applications which (solely by reason of the inability of the applicants to give the assurance required by clause (B) of subsection (c) (2)) fail to meet the requirements for approval set forth in subsection (c) may be approved upon condition that the applicants give the assurance required by such clause (B) within a reasonable time and upon such other reasonable terms and conditions as he may determine after consultation with the Council.

"(e) In acting upon applications for grants, the Council and the Surgeon General shall take into consideration the relative effectiveness of the proposed facilities in expanding capacity for research in the sciences related to health, or for teaching medicine, dentistry, osteopathy, or public health, in improving the quality of such research or training, and in promoting an equitable geographical distribution of such research or training (giving due consideration to population, available scientific research workers or prospective student applicants, and available research or teaching resources in various areas of the Nation).

"AMOUNT OF GRANT; PAYMENTS

"SEC. 806. (a) (1) The amount of any grant made under this title shall be that recommended by the Council or such lesser amount as the Surgeon General determines to be appropriate; except that in no event may such amount exceed 50 per centum of the necessary cost of the construction of such facility, as determined by him, or in the case of a multipurpose facility, 50 per centum of that part of the necessary cost of construction which the Surgeon General determines to be proportionate to the contemplated use of the facility for research in the sciences related to health, or for teaching.

"(2) Where a medical, dental, or public health school gives satisfactory assurances that the freshman enrollment will be increased by 5 per centum of the 1957–1958 freshman enrollment, the grant may be made in an amount not to exceed 66⅔ per centum of the cost of construction.

"(b) Upon approval of any application for a grant under this title, the Surgeon General shall reserve, from any appropriation available therefor, the amount of such grant as determined under subsection (a), and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with construction progress, as he may determine. Such payments shall be made through the disbursement facilities of the Department of the Treasury. The Surgeon General's reservation of any amount under this section may be amended

by him, either upon approval of an amendment of the application or upon revision of the estimated cost of construction of the facility.

"(c) In determining the amount of any grant under this title, there shall be excluded from the cost of construction an amount equal to the sum of (1) the amount of any other Federal grant which the applicant has obtained, or is assured of obtaining, with respect to the construction which is to be financed in part by grants authorized under this title, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

"RECAPTURE OF PAYMENTS

"SEC. 807. If, within ten years after completion of any construction for which funds have been paid under this title—

"(1) the applicant or other owner of the facility shall cease to be a medical, dental, or public health school, or

"(2) unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to use the facility for purposes for which it was constructed, the facility shall cease to be used for such purposes.

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States District Court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

"NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

"SEC. 808. Except as otherwise specifically provided in this title, nothing contained in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to the personnel, curriculum, methods of instruction, research, or administration of any medical, dental, or public health school.

"REGULATIONS

"SEC. 809. (a) Within six months after the enactment of this title, the Surgeon General, after consultation with the Council and with the approval of the Secretary, shall prescribe general regulations covering the eligibility of institutions, and the terms and conditions for approving applications.

"(b) The Surgeon General is authorized to make, with the approval of the Secretary, such administrative and other regulations as he finds necessary to carry out the provision of this title.

"REPORTS

"SEC. 810. On or before January 15, 1959, and annually thereafter, the Surgeon General, in consultation with the Council, shall prepare an annual report and submit it to the President for transmission to the Congress, summarizing the activities under this title and making such recommendations as he may deem appropriate. The report to be submitted on or before January 15, 1961, shall include an appraisal of the current program under this title in the light of its adequacy to meet the needs for funds for the construction of non-Federal facilities for medical, dental, or public health teaching or for research in the sciences related to health. Such reports and appraisals shall include minority views and recommendations, if any, of members of the Council."

TITLE III

SEC. 301. The Public Health Service Act is further amended by adding at the end of the title added to such Act by title II of this Act the following new title:

"TITLE IX—NEW MEDICAL, DENTAL, AND PUBLIC HEALTH SCHOOLS

"DECLARATION OF POLICY

"SEC. 901. The Congress hereby finds and declares that in order to further carry out the policy set forth in section 801 of this Act, and in order to meet future needs arising from anticipated population increases in the United States, it is necessary to encourage the establishment of new medical, dental, and public health schools in the various geographical areas of the United States.

"DEFINITIONS

"SEC. 902. As used in this title—

"(1) the term 'Council' means the National Advisory Council on Health Research and Teaching Facilities established by section 703 of this Act;

"(2) the terms 'construction' and 'cost of construction' include (A) the construction of new buildings and the expansion, remodeling, and alteration of existing buildings, including architects' fees, but not including the cost of acquisition of land or off-site improvements, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

"(3) the term 'sciences related to health' includes medicine, osteopathy, dentistry, and public health, and fundamental and applied sciences when related thereto;

"(4) the term 'medical school' means a new school which will provide training leading to a degree of doctor of medicine or osteopathy or a graduate degree in public health, which the Surgeon General finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will, upon completion of its facilities, meet the accreditation standards of such body or bodies;

"(5) the term 'dental school' means a new school which wil provide training leading to a degree of doctor of dental surgery, or an equivalent degree, which the Surgeon General finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will, upon completion of its facilities, meet the accreditation standards of such body or bodies;

"(6) the term 'public health school' means a new school which will provide comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs, which the Surgeon General finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will, upon completion of its facilities, meet the accreditation standards of such body or bodies;

"NATIONAL ADVISORY COUNCIL ON HEALTH RESEARCH AND TEACHING FACILITIES

"SEC. 903. The Council shall perform the same functions with respect to this title as it performs with respect to title VII of this Act.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 904. There is hereby authorized to be appropriated $100,000,000 for the period beginning July 1, 1958, and ending June 30, 1968, for making grants-in-aid as provided in this title for the construction of medical, dental, and public health teaching facilities, and facilities for the conduct of research in the sciences relating to health by medical, dental, and public health schools; and any sums appropriated pursuant to this section shall remain available until expended.

"APPROVAL OF APPLICATIONS

"SEC. 905. (a) Applications for grants under this title shall be made not later than June 30, 1967.

"(b) To be approved for purposes of eligibility for a grant to assist in the construction of a facility for teaching or a facility for both teaching and research, an institution must be a medical school, dental school, or a public health school.

"(c) A grant under this title may be made only if the application therefor is

recommended for approval by the Council and is approved by the Surgeon General upon his determination that—

"(1) the applicant meets the eligibility conditions set forth in subsection (b);

"(2) the application contains or is supported by reasonable assurances that (A) for not less than ten years after completion of construction, the facility will be used for the purposes for which it is to be constructed, (B) subject to subsection (d), sufficient funds wil be available to meet the non-Federal share of the cost of constructing the facility, and (C) sufficient funds will be available, when construction is completed, for effective use of the facility for the purposes for which it is being constructed.

"(d) Within such aggregate monetary limit as the Surgeon General may prescribe, after consultation with the Council, applications which (solely by reason of the inability of the applicants to give the assurance required by clause (B) of subsection (c) (2)) fail to meet the requirements for approval set forth in subsection (c) may be approved upon condition that the applicants give the assurance required by such clause (B) within a reasonable time and upon such other reasonable terms and conditions as he may determine after consultation with the Council.

"(e) In acting upon applications for grants, the Council and the Surgeon General shall take into consideration the relative effectiveness of the proposed facilities in expanding capacity for research in the sciences related to health, or for teaching medicine, dentistry, osteopathy, or public health, in improving the quality of such research or training, and in promoting an equitable geographical distribution of such research or training (giving due consideration to population, available scientific research workers or prospective student applicants, and available research or teaching resources in various areas of the Nation).

"AMOUNT OF GRANT; PAYMENTS

"SEC. 906. (a) The amount of any grant made under this title shall be that recommended by the Council or such lesser amount as the Surgeon General determines to be appropriate; except that in no event any such amount exceed 66⅔ per centum of the necessary cost of the construction of such facility, as determined by him, or in the case of a multipurpose facility, 66⅔ per centum of that part of the necessary cost of construction which the Surgeon General determines to be proportionate to the contemplated use of the facility for research in the sciencies related to health, or for teaching.

"(b) Upon approval of any application for a grant under this title, the Surgeon General shall reserve, from any appropriation available therefor, the amount of such grant as determined under subsection (a), and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with construction progress, as he may determine. Such payments shall be made through the disbursement facilities of the Department of the Treasury. The Surgeon General's reservation of any amount under this section may be amended by him, either upon approval of an amendment of the application or upon revision of the estimated cost of construction of the facility.

"(c) In determining the amount of any grant under this title, there shall be excluded from the cost of construction an amount equal to the sum of (1) the amount of any other Federal grant which the applicant has obtained, or is assured of obtaining, with respect to the construction which is to be financed in part by grants authorized under this title, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

"RECAPTURE OF PAYMENTS

"SEC. 907. If, within ten years after completion of any construction for which funds have been paid under this title—

"(1) the applicant or other owner of the facility shall cease to be a medical, dental, or public health school, or

"(2) unless the Surgeon General determines, in accordance with regulations, that there is a good cause for releasing the applicant or other owner from the obligation to use the facility for the purposes for which it was constructed, the facility shall cease to be used for such purposes,

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as deter-

mined by agreement of the parties or by action brought in the United States District Court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

"NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

"SEC. 908. Except as otherwise specifically provided in this title, nothing contained in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to, the personnel, curriculum, methods of instruction, research, or administration of any medical, dental, or public health school.

"REGULATIONS

"SEC. 909. (a) Within six months after the enactment of this title, the Surgeon General, after consultation with the Council and with the approval of the Secretary, shall prescribe general regulations covering the eligibility of institutions, and the terms and conditions for approving applications.

"(b) The Surgeon General is authorized to make, with the approval of the Secretary, such administrative and other regulations as he finds necessary to carry out the provisions of this title.

"REPORTS

"SEC. 910. On or before January 15, 1959, and annually thereafter, the Surgeon General, in consultation with the Council, shall prepare an annual report and submit it to the President for transmission to the Congress, summarizing the activities under this title and making such recommendations as he may deem appropriate. The report to be submitted on or before January 15, 1966, shall include an appraisal of the current program under this title in the light of its adequacy to meet the needs for funds for the construction of non-Federal facilities for medical or dental teaching or for research in the sciences related to health. Such reports and appraisals shall include minority views and recommendations, if any, of members of the Council."

SEC. 302. (a) The Act of July 1, 1944 (58 Stat. 682), as amended, is hereby further amended by renumbering title VIII (as in effect prior to the enactment of this Act) as title X and by renumbering sections 801 through 814 (as in effect prior to the enactment of this Act), and references thereto, as sections 1001 through 1014, respectively.

(b) Section 1 of the Public Health Service Act is amended to read as follows:

"SHORT TITLE

"SECTION 1. Titles I through IX, inclusive, of this Act may be cited as the 'Public Health Service Act'."

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D. C., May 15, 1957.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

MY DEAR MR. CHAIRMAN: This is in response to your letter of April 25, 1957, requesting the views of the Bureau of the Budget on H. R. 6874, to amend the provisions of the Public Health Service Act relating to grants for construction of research facilities so as to increase their duration from 3 to 5 years and to authorize grants for medical and dental teaching facilities.

This bill would amend title VII of the Public Health Service Act to add the authorization of grants to accredited medical and dental schools to assist in the construction of teaching facilities. Grants under title VII are now limited to the construction of research facilities only. The amendment would also increase the present 3-year, $90 million authorization to $225 million over a 5-year period. Of the total authorization, $30 million would be reserved for grants for dental research and teaching facilities.

The enactment of this bill would provide needed assistance for medical and dental research and training institutions, and would permit the sound expansion of the Nation's overall capacity for both research and teaching in the medical and dental fields.

I am authorized to advise you that enactment of this bill would be in accord with the program of the President.

Sincerely yours,

ROBERT E. MERRIAM,
Assistant Director.

DEPARTMENT OF LABOR,
Washington, May 18, 1957.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN HARRIS: This is with further reference to your request for my comments on H. R. 6874, a bill to amend the provisions of the Public Health Service Act relating to grants for construction of research facilities so as to increase their duration from 3 to 5 years and to authorize grants for medical and dental teaching facilities.

This bill would expand the provisions of title VII of the act to include grants for construction of medical and dental teaching facilities as well as the presently authorized grants for construction of health-research facilities. The combined grant program would be extended to 5 years and the appropriations authorized for the program would be increased.

As pointed out by President Eisenhower in his economic report, this expansion would provide necessary assistance in an area essential to the development of an adequate, coordinated, health program. Additional facilities for the training of physicians, dentists, and professional health personnel are required, not only to make effective any program of research assistance, but also to meet the day-to-day health needs of our population. I strongly recommend enactment of this legislation.

I note, however, that this bill contains no provisions affording labor-standards protection to the workers who will be employed in construction of health and educational facilities which, under the terms of the bill, would be financed by Federal grants. The greatly expanded Federal assistance to construction activity under title VII of the Public Health Service Act provided in H. R. 6874 increases the importance of including this protection.

Labor standards for construction financed with this kind of Federal assistance are now contained in title VI of the Public Health Service Act. Health facilities constructed under direct Federal contracts are, of course, subject to the Federal 8-hour laws requiring the payment to laborers and mechanics of not less than time and one-half for work in excess of 8 hours a day. A similar provision is contained in title III of the Defense Housing and Community Facilities Act of 1951, pertaining to construction financed in whole or part of Federal funds. Duties with respect to these and related labor-standards provisions are given to the Secretary of Labor by Reorganization Plan No. 14 of 1950 and section 2 of the Copeland Act, as amended.

As a matter of principle, this Department would favor the inclusion in this bill of provisions which would secure laborers and mechanics the payment of not less than the prevailing wage rates in the locality, as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, and not less than time and one-half for overtime work in excess of 8 hours in a day or 40 hours in a week, together with appropriate provisions for application of Reorganization Plan 14 and Copeland Act authority. Your committee may wish to consider an amendment along these lines. Suggested language that might be suitable for the purpose is enclosed. You will note that its inclusion of a 40-hour weekly limit on work at straight-time pay, which is consistent with the Fair Labor Standards Act and the Walsh-Healey Public Contracts Act, would prevent the practice, which some contractors have adopted under the existing 8-hour laws, of working employees a 56-hour week of seven 8-days without overtime payment.

The Bureau of the Budget advises that it has no objection to the submission of this report.

Sincerely yours,

JAMES P. MITCHELL,
Secretary of Labor.

SUGGESTED LANGUAGE FOR AMENDMENT OF H. R. 6874

Amend section 8 by inserting designation "(a)" before the first word, and add the following subsection:

"(b) The following subsection '(d)' is inserted after subsection (c) of said section 706:

"'(d) (1) All laborers and mechanics employed by contractors or subcontractors in the performance of construction work financed with the assistance of any grant of Federal funds under the provisions of this title shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U. S. C. 276a–276a–5), and every such employee shall receive compensation at a rate not less than one and one-half times his basic rate of pay for all hours worked in any workweek in excess of eight hours in any workday or forty hours in the workweek, as the case may be. The Surgeon General shall not approve such grant of Federal funds without first obtaining adequate assurance that these labor standards will be maintained upon the construction work.

"'(2) The Secretary of Labor shall have, with respect to the labor standards specified in subsection (1) of this section, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F. R. 3176, 64 Stat. 1267, 5 U. S. C. 133Z–15), and section 2 of the Act of June 13, 1934, as amended (48 Stat. 948, as amended, 40 U. S. C. 276c)'."

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, May 13, 1957.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR MR. CHAIRMAN: This is in response to your request of April 25, 1957, for a report on H. R. 6874, a bill to amend the provisions of the Public Health Service Act relating to grants for construction of research facilities so as to increase their duration from 3 to 5 years and to authorize grants for medical and dental teaching facilities.

H. R. 6874, and the identical bill H. R. 6875, embody this Department's proposals for legislation to carry out the President's recommendation, made in his January 16, 1957, budget message, that the temporary program of Federal grants for construction of medical and dental research facilities be amended to include also grants for construction of medical and dental teaching facilities. This proposal was transmitted to the Congress on April 10, 1957, with a covering letter of explanation, and a statement of cost estimates and personnel requirements which would be entailed by its enactment, as required by Public Law 801, 84th Congress, 2d session. Copies of my April 10 letter to the Speaker of the House of Representatives and the accompanying statement of costs and personnel requirements are enclosed for the convenience of your committee.

For the reasons indicated in the enclosed letter, this Department believes that enactment of this proposed legislation would provide substantial assistance to existing schools, and to the sponsors of new schools, in their efforts to expand and improve the Nation's training capacity in these important fields.

Sincerely yours,

JOHN A. PERKINS, *Acting Secretary.*

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE,
Washington, April 10, 1957.

Hon. SAM RAYBURN,
Speaker of the House of Representatives,

DEAR MR. SPEAKER: I am enclosing for your consideration a draft of a bill to carry out the President's recommendation, made in his January 16, 1957, budget message, that the temporary program of Federal grants for construction of medical and dental research facilities be amended to include also grants for construction of medical and dental teaching facilities.

The enclosed draft bill would amend title VII of the Public Health Service Act, which was added in the last session of the 84th Congress. That title now authorizes grants to public and private institutions to assist in the construction of facilities for research in the sciences related to health. The amendment

would add authorization for grants to accredited public and private nonprofit medical and dental schools to assist in the construction of teaching facilities. Under the amendment, funds would be made available on a project-grant basis, generally under the procedures now in effect for the research facility construction grants. Schools of medicine (including schools of osteopathy and public health) and dentistry could use such grant funds for the construction of new facilities or for the improvement or expansion of existing facilities for either research or teaching, or for both. Grants to other institutions could be used only for facilities for research purposes.

Grant funds could not be used for costs of land acquisition or off-site improvements, or for projects eligible for assistance under the Hospital Survey and Construction Act. As under the existing program, grants could not exceed 50 percent of the necessary costs of construction. The duration of the continued program of construction grants for both research and teaching facilities would be five years as contrasted with the 3-year duration of the existing program. Annual appropriations for the combined program would be authorized up to an aggregate, for the 5-year period beginning July 1, 1956, and ending June 30, 1961, of $225 million—$195 million for medical research and teaching facilities and $30 million for dental research and teaching facilities.

The present National Advisory Council on Health Research facilities would be enlarged by the addition of the Commissioner of Education, as an ex officio member, and 4 more appointed members—2 public and 2 specialized—and would be redesignated the "National Advisory Council on Health Research and Teaching Facilities." The duties of the new Council would be similar to those of the present Council but would embrace the review of applications for teaching, or teaching and research construction grants as well as applications for grants for the construction of facilities for research purposes only.

While the draft bill is in the form of an amendment to title VII of the Public Health Service Act, which title was added by the Health Research Facilities Act of 1956 (Public Law 835), it is in substance a resubmission of the measure recommended by the administration to the last Congress. The only major change made is the reduction by $25 million of the aggregate amounts that would be authorized for the 5-year period.

This proposal is directed toward two primary needs which are basic to continuing progress in realizing our national health objectives. Medical and dental research and the skills necessary for the application of new knowledge resulting from that research are prerequisites to further progress in reducing the human suffering and economic losses caused by disease and disability. The medical and dental schools of the country do a large share of this research and they are the source of supply for all of our physicians and dentists, and for most of our graduate students in the basic medical sciences. We know that the effective demand for medical scientists, physicians, dentists, and other skilled personnel in the health fields is increasing faster than our supplies. There is accumulating evidence that augmented research and training in these critical fields will not be possible without improvement and expansion of the present physical plant of the research and training institutions. It is clear also that the financial situation of these public and nonprofit research and training institutions is such that in all too many cases they cannot, with their present resources, undertake the rehabilitation of laboratory and teaching facilities necessary for the maintenance of present levels of quality.

We are convinced, therefore, that the national interest requires a temporary grant program to assist these institutions in meeting their essential needs for physical plant adequate to their multiple responsibilities—for teaching as well as for research. The assistance authorized by the last Congress reaches only one area of their construction needs.

The proposed program is a flexible one. It is designed to assist the schools in their efforts to achieve a desirable balance between research and teaching programs—the two basic functions which support and strengthen each other—and to continue their contributions to the preparation of specialized research personnel, to the training of many allied health personnel, and to the postgraduate training of physicians and dentists which plays such an important part in the maintenance of the quality of care. Achievement of a wider geographic distribution of research and teaching facilities would continue to be a factor to be taken into consideration in the making of grants.

Assistance for construction of teaching as well as research facilities will make it possible for the medical and dental research and training institutions to

maintain and improve the quality of the programs they now carry and to expand their capacity to the limits of wise institutional planning. In addition, the availability of funds for construction can be expected to stimulate construction of new medical and dental schools, especially in those States in which there has been active consideration of the organization of new schools or the expansion of 2-year basic science schools to 4-year medical schools.

We shall appreciate it if you will refer the enclosed draft proposal to the appropriate committee for consideration.

In compliance with Public Law 801, 84th Congress 2d session, there is enclosed a statement of cost estimates and personnel requirements which would be entailed by enactment of the proposed legislation.

The Bureau of the Budget advises that enactment of this proposed legislation would be in accord with the program of the President.

Sincerely yours,

———— ————, *Secretary.*

Construction grants to medical and dental schools for research and teaching facilities, estimate of cost, 1958–62, in addition to expenditures authorized by Public Law 835, 84th Congress

Item	1958	1959	1960	1961	1962
Appropriation requirements:					
Grants for construction and equipment	$15,000,000	$20,000,000	$50,000,000	$50,000,000	0
Administration	200,000	300,000	300,000	200,000	$160,000
Total	15,200,000	20,300,000	50,300,000	50,200,000	160,000
Total expenditure estimates:					
Grants for construction and equipment	2,500,000	17,000,000	25,000,000	42,600,000	33,000,000
Administration	155,000	295,000	300,000	225,000	161,000
Total	2,655,000	17,295,000	25,300,000	42,825,000	33,161,000
Expenditures for administration:					
Personal services	95,000	120,000	120,000	120,000	81,000
All other	60,000	175,000	180,000	105,000	80,000
Total	155,000	295,000	300,000	225,000	161,000
Man-year requirements for administration:					
Professional staff (program analysis, etc.)	4	5	5	5	5
Administrative	1	1	1	1	1
Clerical	9	11	11	11	4
Consultants	4	4	4	4	0
Total	18	21	21	21	10

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, April 18, 1958.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR MR. CHAIRMAN: This is in response to your request of June 11, 1957, for a report on H. R. 7841, a bill to authorize a 5-year program of grants for construction of medical, dental, and public-health educational and research facilities, and for other purposes.

For the convenience of the committee this report also includes brief comparative comment on H. R. 6874 and H. R. 6875, identical bills which embody this Department's proposals for legislation to carry out the President's recommendation, made in his January 16, 1957, budget message, that the temporary program of Federal grants for construction of medical and dental research facilities be amended to include also grants for construction of medical and dental teaching facilities.

H. R. 7841 would amend the Public Health Service Act to add a new title VIII authorizing appropriations for a 5-year period, beginning with the fiscal year ending June 30, 1958, for construction grants for teaching and research facilities for public and private nonprofit schools of medicine (including osteopathy), dentistry, and public health, as follows: $45 million each fiscal year for schools

of medicine and osteopathy, $8 million a year for dental schools, and $7 million a year for schools of public health. Amounts appropriated annually would be available also for the 2 succeeding fiscal years.

There would be a ceiling of $3 million for any one medical school for the 5-year period, and a similar ceiling of $1 million for any one school of dentistry or of public health. Individual construction grants could not exceed 50 percent of construction costs for existing schools, except that in the case of a school which gave satisfactory assurance of a 5-percent increase in freshman enrollment (over that for the academic year 1956–57) the grant is directed to be made in an amount equal to 66⅔ percent of the cost of construction. Also, in the case of new schools, a grant could be made up to a ceiling of 66⅔ percent of construction costs. An additional grant of $25,000 could be made for planning. In the case of any grant for new construction the school would have the option of allocating up to 20 percent of the amount of the grant to permanent endowment for the cost of maintenance of the new facility.

These proposals must be considered in relation to our going program of research construction grants. Present title VII of the Public Health Service Act, added in the last session of the 84th Congress (Public Law 835), authorizes grants, for a 3-year period ending June 30, 1959, to public and private institutions to assist in the construction of facilities for research in the sciences related to health. These grants are made only after recommendation by the National Advisory Council on Health Research Facilities. H. R. 7841 proposes the authorization of a parallel, but separate, 5-year program of construction grants to assist in the expansion and improvement of teaching facilities, with a new Federal Council on Health Educational Facilities to screen the applications filed by the schools and recommend the making of grants to assist in the construction of facilities which could be used for teaching or research or both. The institutions which participate in the present program of construction grants for research facilities are in the majority of cases the same training institutions which would be eligible to participate in any program of construction grants in aid of teaching facilities.

This Department believes that research and training are closely and vitally interrelated—not only in respect to objectives, but in daily operation and accomplishments. The research mission of medical and dental schools is combined with and supported by their training mission. This interrelationship is illustrated and accentuated by the fact that a single facility is commonly used for both purposes. The Department's recommendations for legislation to carry out these objectives (introduced as H. R. 6874 and H. R. 6875) have therefore taken the form of an expansion of the existing program—to cover an aggregate period of 5 years, and to include teaching as well as research facilities—enlarging the existing Council and extending its functions to include review of applications for teaching or teaching and research construction grants, as well as applications for grants for the construction of facilities for research purposes only. Grants under the combined program would be made under the same general procedures now in effect for research construction grants.

In our opinion, Federal construction grants are necessary and appropriate for assisting both training and research functions, but the realities of the situation and the practical problems of the training institutions will be better met by an integrated program of grants to assist in the construction of essential facilities for either or both purposes. Such an integrated program would also avoid needless duplication of administrative procedures and the otherwise inevitable overlap in functions of the two advisory Councils.

Thus, while we are in agreement with the objectives of H. R. 7841, we believe that the identical bills H. R. 6874 and H. R. 6875 represent a more generally sound approach to these important problems. We also question the necessity and desirability of several of the specific provisions of H. R. 7841; e. g., the additional grant for planning, the provision for optional allocation of 20 percent of the grant money to permanent endowment for maintenance in the case of new construction, and the mandatory grant in the amount of 66⅔ percent of costs in the case of schools giving assurances of a 5-percent increase in freshman enrollment.

It seems undesirable, also, to earmark construction grant funds for a category of schools so few in number and for which the estimated volume of needed construction is so small as in the case of schools of public health. H. R. 7841 would authorize the appropriation of $35 million for the 5-year period to aid construction for research and teaching purposes in schools of public health. Even at the proposed maximum matching rate of 66⅔ percent of Federal funds, this sum would be considerably in excess of the Federal share of the estimated construc-

tion needs of these schools. Information supplied by the schools of public health for purposes of your committee's March 1957 staff report (medical-school inquiry) indicated a total construction need of $24.6 million for both teaching and research purposes. Of this, some $9 million was attributed to research requirements, a part of which will be met by construction grants under the existing program of research construction authorized by the 84th Congress.

For the reasons outlined, we recommend enactment of legislation along the lines of H. R. 6874 and H. R. 6875 in preference to H. R. 7841. Copies of my April 10, 1957, letter transmitting to the Speaker of the House the proposal contained in the administration-sponsored bills, and the accompanying statement of costs and personnel requirements which would be entailed by its enactment, are enclosed for the convenience of your committee.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your committee.

Sincerely yours,

ELLIOT L. RICHARDSON,
Acting Secretary.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D. C., April 17, 1958.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, House Office Building, Washington, D. C.

MY DEAR MR. CHAIRMAN: This is in reply to your request of June 11, 1957, for the views of the Bureau of the Budget on H. R. 7841, a bill to authorize a 5-year program of grants for construction of medical, dental, and public health educational and research facilities, and for other purposes.

H. R. 7841 would add a new title VIII to the Public Health Service Act establishing a program of grants to public and nonprofit medical, dental, and public health schools for the construction of educational facilities. The bill would create a Council on Health Educational Facilities to advise the Surgeon General on the administration of grants and would authorize an annual appropriation of $45 million for medical schools, $8 million for dental schools, and $7 million for schools of public health. Grants could be made to eligible institutions on the basis of not to exceed 50 percent of the cost of construction except that for new schools or where the school gives assurance that the freshman enrollment will be increased by 5 percent over the 1956–57 level, the maximum grant may be increased to 66⅔ percent. The bill would also permit grants up to $25,000 for preliminary planning and would allow the recipient of a construction grant to set aside 20 percent of the total grant for the establishment of a permanent endowment to provide for the cost of maintaining the new facility.

The purpose of this bill is based on the recognition that the continued progress in reducing disease and disability depends upon the assured supply of competent, well-trained physicians, dentists, and scientific investigators. There is accumulating evidence that the existing facilities for both teaching and research are not adequate to meet the demands for an ever-increasing number of people skilled in medical science. The President, in his messages transmitting both the 1958 and 1959 budgets to the Congress, recognized the need for expansion of the program of assisting the Nation's medical and dental schools to build research facilities to include teaching facilities.

While this Bureau endorses the objectives of this bill, we believe that these objectives could be better accomplished through the extension of the existing program of grants for the construction of health research facilities, rather than through the creation of a new and parallel program for the administration of grants for the construction of educational facilities alone. Such a dual program arrangement would, in our opinion, cause substantial administrative difficulties. We would also concur with the Department of Health, Education, and Welfare's report on this bill that it contains various provisions of questionable necessity or desirability.

Therefore, for these reasons the Bureau of the Budget recommends against the enactment of H. R. 7841, but urges the committee to give favorable consideration to the enactment of H. R. 6874 or H. R. 6875. These bills, sponsored by

the administration, are designed to accomplish the same purposes as expressed in H. R. 7841, but avoid the weaknesses which we believe are contained in H. R. 7841.

Sincerely yours,

PHILLIP S. HUGHES,
Acting Assistant Director for Legislative Reference.

DEPARTMENT OF LABOR,
OFFICE OF THE SECRETARY,
Washington, June 21, 1957.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN HARRIS: This is with further reference to your request for the views of this Department on H. R. 7841, a bill to authorize a 5-year program of grants for construction of medical, dental, and public health educational and research facilities, and for other purposes.

As pointed out by President Eisenhower in his economic report, a temporary program of construction grants for expansion and improvement of health educational facilities is a necsesary complement to the Federal program for research assistance in these fields. This Department, therefore, favors legislation designed to carry out this objective. Aside from the following, however, we would prefer to leave comment on the technical aspects of such legislation to the Department of Health, Education, and Welfare which would administer its provisions.

It is noted that H. R. 7841 contains no provisions affording labor standards protection to the workers who will be employed in construction of health and educational facilities which under the terms of the bill would be financed by Federal grants. Labor standards for construction financed with this kind of Federal assistance are now contained in title VI of the Public Health Service Act. Health facilities constructed under direct Federal contracts are, of course, subject to the prevailing wage provisions of the Davis-Bacon Act and to the Federal 8-hour laws requiring the payment of laborers and mechanics of not less than time and one-half for work in excess of 8 hours a day. A similar provision is contained in title III of the Defense Housing Community Facilities Act of 1951, pertaining to construction financed in whole or part by Federal funds. Duties with respect to these and related labor standards provisions are given to the Secretary of Labor by Reorganization Plan No. 14 of 1950 and section 2 of the Copeland Act, as amended.

As a matter of principle, this Department would favor the inclusion in this bill of provisions which would secure laborers and mechanics the payment of not less than the prevailing wage rates in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act and not less than time and one-half for overtime work in excess of 8 hours in a day or 40 hours in a week, together with appropriate provisions for application of Reorganization Plan 14 and Copeland Act authority. Your committee may wish to consider an amendment along these lines. Suggested language that might be suitable for the purpose is enclosed. You will note that its inclusion of a 40-hour weekly limit on work at straight-time pay, which is consistent with the Fair Labor Standards Act and the Walsh-Healey Public Contracts Act, would prevent the practice, which some contractors have adopted under the existing 8-hour laws, of working employees a 56-hour week of 7 8-hour days without overtime payment.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

JAMES P. MITCHELL,
Secretary of Labor.

SUGGESTED LANGUAGE FOR AMENDMENT OF H. R. 7841

Amend section 804 by adding at the end thereof the following subsection (e):

"(e) (1) All laborers and mechanics employed by contractors or subcontractors in the performance of construction work financed with the assistance of any grant of Federal funds under the provisions of this title shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act,

as amended (40 U. S. C. 276a–276a–5), and every such employee shall receive compensation at a rate not less than one and one-half times his basic rate of pay for all hours worked in any workweek in excess of eight hours in any workday or forty hours in the workweek, as the case may be. The Surgeon General shall not approve such grant of Federal funds without first obtaining adequate assurance that these labor standards will be maintained upon the construction work.

"(2) The Secretary of Labor shall have, with respect to the labor standards specified in subsection (1) of this section, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F. R. 3176, 64 Stat. 1267, 5 U. S. C. 133Z–15), and section 2 of the Act of June 13, 1934, as amended (48 Stat. 948, as amended, 40 U. S. C. 276a)."

DEPARTMENT OF LABOR,
OFFICE OF THE SECRETARY,
Washington, April 21, 1958.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN HARRIS: This is in reply to your request for a report on H. R. 11913, a bill which would be cited as the Medical and Dental Research and Training Facilities Act of 1958.

The purpose of this bill is essentially the same as that of H. R. 7841, a bill "To authorize a 5-year program of grants for construction of medical, dental and public health educational and research facilities, and for other purposes." The Department has submitted a report on H. R. 7841 to the committee. Since the two measures are designed to achieve the same objective, it is requested that you consider our report on H. R. 7841 as an expression of the Department's views respecting H. R. 11913.

For your convenience, we are enclosing a copy of the suggested language for amendment of H. R. 7841 which was attached to our report on that bill. As a matter of principle, we would favor inclusion of this language in H. R. 11913.

Sincerely yours,

JAMES T. O'CONNELL,
Under Secretary of Labor.

SUGGESTED LANGUAGE FOR AMENDMENT OF H. R. 11913

Amend the provisions of section 201 which would become, respectively, sections 806 and 906 of the Public Health Service Act by adding at the end of each of the latter two provisions the following new subsection (d):

"(d) (1) All laborers and mechanics employed by contractors or subcontractors in the performance of construction work financed with the assistance of any grant of Federal funds under the provisions of this title shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U. S. C. 276a–276a–5), and every such employee shall receive compensation at a rate not less than one and one-half times his basic rate of pay for all hours worked in any workweek in excess of eight hours in any workday or forty hours in the workweek, as the case may be. The Surgeon General shall not approve such grant of Federal funds without first obtaining adequate assurance that these labor standards will be maintained upon the construction work.

"(2) The Secretary of Labor shall have, with respect to the labor standards specified in paragraph (1) of this subsection, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F. R. 3176, 64 Stat. 1267, 5 U. S. C. 133z–15), and section 2 of the Act of June 13, 1934, as amended (48 Stat. 948, as amended, 40 U. S. C. 276c)."

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, April 22, 1958.

Hon. OREN HARRIS,
Chairman, House Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR MR. CHAIRMAN: This is in response to your request of April 17, 1958, for a report on H. R. 11913, a bill to amend the Public Health Service Act to authorize grants for research and teaching facilities for existing and new medical, dental, and public health schools; to extend title VII of that act (relating to health research facilities) for an additional 3-year period; and for other purposes.

Title I of H. R. 11913 would amend title VII of the Public Health Service Act to authorize annual appropriations of $30 million for an additional 3 years for the existing research construction grant program. In addition, it would expand the present National Advisory Council on Health Research Facilities, change its name to the "National Advisory Council on Health Research and Teaching Facilities" in harmony with the additional advisory functions with respect to the construction program for teaching facilities proposed in titles II and III of the bill.

Title II of the bill would add a new title VIII to the Public Health Service Act to authorize annual appropriations of $50 million for 5 fiscal years, beginning with the fiscal year 1959, for making grants to schools of medicine, osteopathy, dentistry, and public health for construction of facilities for research and teaching purposes. Title III of the bill would further amend the PHS Act to add a new title IX which would authorize an aggregate of $100 million to be appropriated over a 10-year period for a similar grant program to aid new schools in these same fields. For existing schools, grants could be made up to a maximum of 50 percent of construction costs, with a permissive higher ceiling of 66⅔ percent in the case of schools which gave satisfactory assurances that freshman enrollment would be increased by 5 percent of the freshman enrollment in the base year 1957–58. In the case of new schools, the grant could also amount to 66⅔ percent. For both of the proposed new programs the procedures for grant application and approval, the functions of the newly designated National Advisory Council on Health Research and Teaching Facilities, and the provisions for accreditation of schools and for recapture of payments, are modeled on the provisions of existing law governing the administration of the research construction grant program authorized by present title VII of the Public Health Service Act.

We are in complete accord with the basic objectives of the bill, which parallel those of legislation proposed by this Department and currently under consideration by your committee (H. R. 6874 and H. R. 6875). Both H. R. 11913 and our earlier legislative proposal would, in effect, authorize the extension, in time and appropriations authorizations, of the present research construction program and expand it to include grants for the construction, improvement, or equipment of teaching facilities for schools of medicine, dentistry, osteopathy, and public health. Under both proposals the expanded grant program would be administered by the Surgeon General with the assistance of a single advisory council.

The principal points on which H. R. 11913 differs from the proposal recommended by this Department are: (1) it would authorize total appropriations considerably in excess of the amounts recommended in our proposal; (2) it would permit grants in excess of 50 percent of the cost of construction in the case of new school facilities and in the case of facilities of existing schools which planned an expansion of enrollment of 5 percent or more; and (3) in lieu of an aggregate appropriations authorization with internal ceilings—one ceiling on grant funds for facilities for teaching in dentistry and for related research, and the other on grant funds for facilities for teaching in medicine and research in all sciences related to health other than dentistry—it would provide for three separate authorizations, covering different time periods: (*a*) one authorization for grants for research facilities, (*b*) one for grants for research or teaching facilities for existing schools, and (*c*) a third for grants for research or teaching facilities for new schools. On each of these three major points of difference, we believe the provisions of this Department's proposal are preferable.

With regard to the amount of grant funds authorized, we recognize that the total volume of grant applications may exceed the appropriations authorized in

our proposed legislation. We believe, however, that it is neither necessary nor desirable to premise such a grant program on the assumption that all needed construction will depend on Federal aid or that the maximum grant authorized should be awarded to each approved project. Our experience in the administration of construction grant programs, in this and related fields, indicates the desirability of using Federal grant funds in such a manner as to stimulate maximum financial participation from non-Federal sources. In many cases it has been found that the availability of relatively modest Federal grants has provided the necessary stimulus for fund-raising efforts by project sponsors that have been successful in providing much larger amounts of additional funds from non-Federal sources. In view of the increasing budgetary burdens on the Federal Government, in the health field as well as in other areas of national concern, we believe that appropriations authorizations for medical and dental research and teaching facility grants should be kept at the lowest level capable of stimulating the essential expansion and improvement of such facilities.

For the same reasons we would be opposed to authorizing grants in excess of 50 percent of the cost of any project, especially where—as would be the case for existing schools—the increased Federal share could be obtained in return for only a minor expansion of enrollment. We doubt that such a provision would in fact prove to be a significant stimulus for enrollment expansion. In our opinion most enrollment expansions accompanying new construction by existing schools will be based on considerations other than the amount of Federal construction aid available.

We also believe that the separate appropriations authorizations proposed in H. R. 11913 would produce unnecessary complexities. Particularly, we see no advantage in providing separate authorizations for research and teaching facility grants for four classes of existing schools, on the one hand, and research facility grants for various classes of applicants (including such schools), on the other hand.

For the reasons indicated above, we recommend enactment of legislation along the lines of H. R. 6874 and H. R. 6875 in preference to H. R. 11913.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your committee.

Sincerely yours,

ELLIOT L. RICHARDSON,
Acting Secretary.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D. C., April 23, 1958.

Hon. OREN HARRIS,
Chairman, Committee on Interstate, and Foreign Commerce,
House of Representatives,
Washington, D. C.

MY DEAR MR. CHAIRMAN: This is in reply to your request of April 17, 1958, for the views of the Bureau of the Budget on H. R. 11913, a bill to amend the Public Health Service Act to authorize grants for research and teaching facilities for existing and new medical, dental, and public health schools; to extend title VII of that act (relating to health-research facilities) for an additional 3-year period, and for other purposes.

H. R. 11913 would add 2 new titles to the Public Health Service Act, as well as amend title VII of the act to extend the existing $30 million program of research construction grants for 3 more years. The new title VIII would authorize the appropriation of $50 million a year for 5 years, beginning July 1, 1958, for grants to medical, dental, and public health schools. These grants would be to assist in the construction of teaching and research facilities and would be limited to 50 percent of the cost of construction, except where assurances are given that the freshman enrollment in that school will be increased by 5 percent, in which case the grant may be increased to 66⅔ percent. Title IX to be added by this bill would authorize the appropriation of $100 million for a 10-year period, beginning July 1, 1958, to assist new schools of medicine, dentistry, and public health to construct teaching and research facilities. Grants under this title could not exceed 66⅔ percent.

The purpose of this bill is similar to other legislative proposals under consideration by your committee, including the administration-sponsored legislation embodied in H. R. 6874 and H. R. 6875. There are, however, several features of H. R. 11913 about which this Bureau has reservations concerning both their desirability and effectiveness. We would question, for example, the desirability of providing three separate series of authorizations, differing in purpose or segregated according to the status of the institutions. We believe that the administrative complexities resulting from these provisions, while serving no purpose in themselves, may operate to the detriment of the applicant institutions.

The Bureau of the Budget believes that the existing program for 50-percent grants to assist in the construction of health-research facilities has demonstrated the effectiveness of an equal sharing between the Federal Government and the educational institutions in the fields of medical, dental, and public health. Because of this experience, and in view of the ever-increasing competing demands for Federal funds, the Bureau of the Budget strongly recommends against the proposal to provide for a decreased level of non-Federal participation. We would also concur with the Department of Health, Education, and Welfare in their view that an increased grant would probably not be an effective stimulation to increased enrollment.

The existing authority for the program of construction grants for research facilities, as well as the administration-sponsored bills H. R. 6874 and H. R. 6875 for the expansion of this program to include educational facilities, contain provisions limiting the eligibility for Federal grants to public or nonprofit institutions. H. R. 11913 contains no such limitation, and we would question the desirability of permitting the eligibility to include proprietary institutions, even though, as we understand, at the present time no such institutions exist.

Therefore, for these reasons, the Bureau of the Budget recommends against the enactment of H. R. 11913, but urges the committee to give favorable consideration to the enactment of H. R. 6874 or H. R. 6875.

Sincerely yours,

PHILLIP S. HUGHES,
Acting Assistant Director for Legislative Reference.

Mr. WILLIAMS. The first witness is our colleague from the State of Rhode Island. Mr. Forgarty, we will be glad to hear you at this time on your bill, H. R. 7841.

STATEMENT OF HON. JOHN E. FOGARTY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF RHODE ISLAND

Mr. FOGARTY. There are many actions of Congress on behalf of the American people in which it is simply not possible, except in hindsight, to be absolutely certain of the factual basis for the act. If Congress is to anticipate the needs of the people, instead of merely correcting deficiencies after an issue has become overwhelmingly evident, it must often legislate in the light of realistic estimates of future problems and needs.

It is my belief that, in hindsight, all of the proposed legislation that provides a backdrop for this hearing—including, I am frank to admit, the bill I recommended last year—may appear in the "too little and too late" category.

For, in dealing with the number of physicians and dentists and research workers and teachers in the health professions that are needed in this country in the years immediately ahead, we are able to make use not only of realistic estimates, but, also, of some hard facts which make forthright action now one of the great imperatives of our times.

I submit to this committee, which has a distinguished record in health legislation, that the time has come for us to stop turning our eyes away from these facts simply because there are a few people in high-policy places who tell us they do not exist.

Many of the facts are carefully documented in the splendid report made by your staff last fall on the current status of medical and related schools. They add up to simply this:

1. Our population is growing and changing. We will have 200 million people in this country by 1970, and more than 300 million by the year 2000. In the years immediately ahead, three-fourths of our population growth will be in the age groups that most need medical and dental care—those who are over 65 years of age, and those who are under 20.

2. Even when one takes into account such factors as the increasing urbanization of our population, the advances in the techniques of modern medicine, and the gradual reduction in communicable diseases (all of which may tend to permit the physician or dentist to take care of a few more people on the average than he can today), it is abundantly evident that we are not graduating enough trained people in the health professions now to meet the needs that are predictable in the years ahead.

3. The medical and related schools on which the Nation relies are doing a splendid job. But they cannot turn out many more graduates per year per school and still maintain their high standards. Moreover, with each year that pases, the cost of medical and dental education goes up, and the ability of the school to remain stable without new or augmented support is in ever-increasing jeopardy. Yet, by the year 1970, it is reliably estimated that we will need 2,000 physicians more per year than are now being produced, if we are to maintain, roughly, the same ratio of physicians to patients that we have today,

Where will they come from?

I wonder if the present administration is asking itself this question? If so, they ask it in a whisper, and with little apparent expectation that an answer will be forthcoming in the near future.

Yet even if we acted immediately, today, it would be 8 or more years before the first of the additional physicians and dentists and others would be trained and available to care for the health needs of our growing and changing population.

The problem of manpower supply for medical care and medical research and medical teaching is not just one of the construction of facilities. It is a composite of many issues, including many which are apparently not susceptible to Federal action. But the precedent for construction assistance has been long established, and the challenge can be met without the bugaboo of Federal control and without imperiling the principles of diversity in Federal support and stimulation of non-Federal activity—principles on which so much of the progress in the health sciences has been achieved.

The problem of construction of educational and research facilities in the health field can be approached in two ways—ways that are not mutually exclusive, but complement each other. They can be combined in single legislation or made the subject of separate legislation, as long as both are taken into account.

The first approach is to aid and strengthen our present medical schools and related institutions by providing matching grants for teaching as well as research facilities.

The second approach is to provide for appropriate Federal assistance and stimulation for the construction of new schools.

It is my firm conviction that both of these needs must be met.

I would like to place in the record at this point a very excellent and comprehensive article by Michael Clark in the New York Times on March 3, 1958. Mr. Clark's summation of the issues leads to the conclusion that "unless a way can be found to recruit and train many more qualified students, medical care a decade or two from now will suffer" and that "the demand for their [physicians'] services already is far greater than the supply."

I have before this committee proposed legislation which would authorize $300 million over a 5-year period to help meet this challenge. The administration's proposed bill calls for less money. Mr. Roberts' legislative proposal makes special provision for new schools. Without going into the relative merits of these or other ways to approach the problem, I would urge the committee to act affirmatively and immediately on the proposal which, although only a first step, has the greatest potential for meeting the needs of the Nation in the years ahead. It is quite evident that the American people are threatened by inadequacies in health services, and that initiative and constructive action on this matter must come from the Congress in a truly bipartisan effort.

(The article from the New York Times of March 3, 1958, referred to, is as follows:)

NATION NEEDS PHYSICIANS TO MEET POPULATION RISE—SURVEY SHOWS THAT THE DEMAND EXCEEDS SUPPLY—DECLINE IN STUDENT ROLLS IMPERILING FUTURE MEDICAL CARE

(By Michael Clark)

The number of physicians in the United States is falling behind the growing population.

The demand for their services already is far greater than the supply, and the gap appears to be widening.

Unless a way can be found to recruit and train many more qualified students, medical care a decade or two from now will suffer, according to the best opinion in the profession.

These are the findings of a survey made by the New York Times on whether enough students are entering the medical profession.

In an attempt to predict future needs, a group of medical educators recently sought advice from Dr. Dudley Kirk, of Population Council, Inc.

With the population at 172 million, he said, the country is growing at a rate of 3 million a year and a reasonable guess of the population in 1980 would be 240 million.

The projected rate of population increase transcends any current projections of the rate of increase in medical school enrollment or physicians.

Medical school graduates have increased from 4,565 in 1930 to 6,796 last year. A record was set in 1955 with 6,977.

By 1962, however, the number is expected to level off at 7,400 a year, with the population curve continuing to rise sharply.

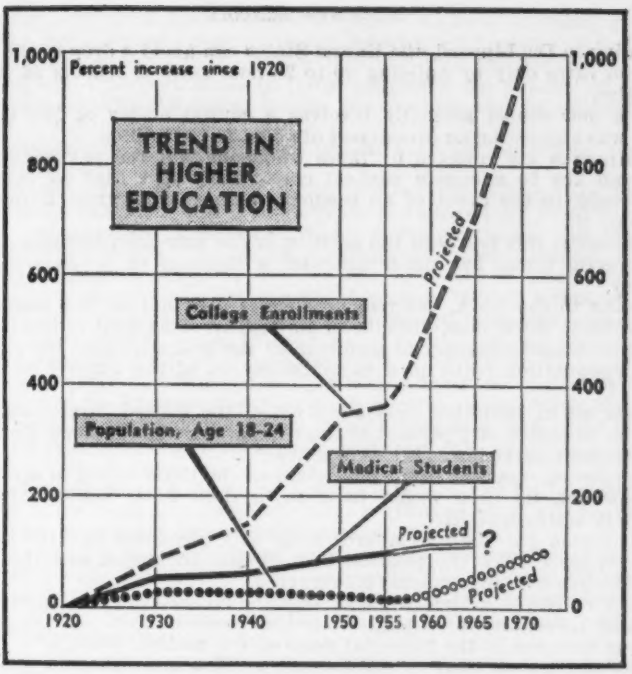
In recent years, the physician-population ratio has remained constant at 1 to 750 (850 if active physicians only are counted). This is exceeded only by Israel, which has 1 physician to 467 inhabitants.

In other words, although the number of physicians licensed each year has been greater than the number who have died, the difference has been just great enough to keep pace with the increment in the population.

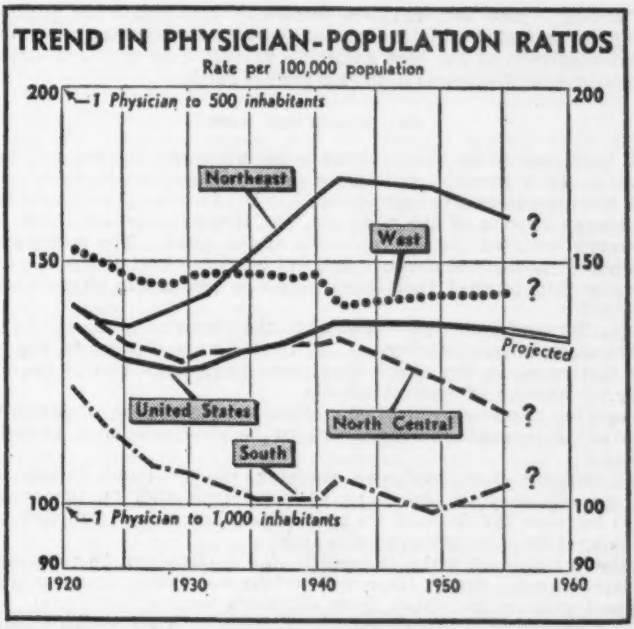
It is unlikely that the present ratio can be maintained much longer.

Dr. Vernon W. Lippard, dean of the Yale University School of Medicine, estimated last year that if the population reached 220 million in 1975, as predicted, and if the present ratio was to be maintained, the country would have to produce 2,000 more physicians a year.

It is widely felt that any attempt to balloon out the existing medical schools may impair the quality of instruction.



Rolls to increase: A Comparison of actual and projected trends in medical and other higher education.



Ratios compared: In 1955, the United States had 1 physician to 753 inhabitants, with the highest ratio in the Northeast and the lowest in the South. (Data are from the U. S. Public Health Service.)

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ASKS NEW SCHOOLS

According to Dr. Lippard, the United States can avoid a drop in the physician-population ratio only by building 20 to 25 new medical schools of the current median size.

Since a new school normally involves a capital outlay of $50 million, Dr. Lippard was suggesting an investment of about $1,250 million.

His estimates are rejected by those who hold that the physician-population ratio is no key to adequate medical care. They fear that an oversupply of doctors could, in the event of an economic slump, bring great hardship to the profession.

Traditinoally, this has been the position of the American Medical Association. This powerful group has never conceded a shortage of physicians or such a possibility.

According to the AMA, the real problem is distribution, not numbers.

Dr. Frank G. Dickinson, director of its bureau of medical economic research, cites the increased efficiency of medicine as the best argument for rejecting the physician-population ratio as a valid indication of the number of physicians needed.

He reported in 1954 that only one-sixth of the United States land area, inhabited by one-sixth of 1 percent of the population, was beyond a 25-mile radius from the closest physician in active practice.

His conclusion was that if 361 physicians of the 156,000 then in active practice were relocated, no area would have more than 2,000 inhabitants for each physician in active practice.

Dr. Dickinson put the lowest area ratio at 1 physician to 5,100 inhabitants.

However, since 1954, the position held by Mr. Dickinson and the old guard of the AMA has been increasingly beleaguered.

Dr. Kirk delivered a blow when he told the recent Congress on Medical Education and Licensure in Chicago that the profession should prepare for an "enormous increase in the potential demand for medical service."

He did not try to answer the question, "How may doctors are enough?" However, he felt it "fair to say the medical profession has erred in the direction of preparing too few physicians in relation to the prospective needs for their services."

After having heard Dr. Kirk, a workshop conference on population and medical care concluded that the present physician-population ratio should be regarded tentatively as the best available yardstick by which to determine the desirable output of physicians in the immediate future.

TWO DISSENTERS NOTED

The 20 participants in the conference included physicians, sociologists, and businessmen. Only two believed that a lower ratio would be satisfactory. The names of the dissenters were not given, but Dr. Dickinson presumably was one.

At a plenary session of the congress, Dr. Dickinson asked if the findings of the conference reflected the official views of the AMA. The answer was "No."

It was noted that the conference had not conceded that there was a physician shortage now, but implied that there might be one if the physician-population ratio dropped.

However, the conference gave weight to the recommendations of the Association of American Medical Colleges. At its 1956 annual meeting, the association issued a statement to the effect that more physicians should be obtained by increasing the number of medical schools.

In the opinion of many medical educators, the physician-population ratio must be improved if present shortages are to be overcome and probable future demands met.

When a balance sheet is drawn showing, on one hand, factors tending to improve the efficiency of the corps of physicians and, on the other, factors tending to increase the demand for medical service, it is reasonable to conclude that the saturation point is nowhere in sight.

The following factors make it possible for a physician to see more patients in less time: wonder drugs, improved techniques, faster transportation, group practice, and greater assistance from auxiliary medical personnel.

A case of pneumonia used to absorb 11 hours of a physician's time. Today, the average case occupies him an hour and a half.

Dr. Dickinson says physicians' services increased at least one-third between 1940 and 1950. Yet there has been no technological unemployment in medicine.

Dr. Lippard noted recently that between 1900 and 1950 the number of physicians increased by 58 percent, while in the same period the number of trained health personnel, including dentists, nurses, pharmacists and technicians, rose by 370 percent.

"If this remarkable increase has diminished the need for physicians' services, it has not been apparent," he commented.

Urbanization is another factor tending to increase the demand for medical care, since metropolitan areas always absorb more doctors than rural areas.

In addition, urbanization is accompanied by a general social and economic upgrading of the population. As health consciousness grows, more and more persons can pay for medical care.

This process is accelerated by the spread of prepaid health insurance plans and industrial and union programs. About 123 million persons, three-quarters of the population, are covered by health insurance.

The changing age structure is another factor.

The baby boom of the last few years has widened the base of the population pyramid. However, as life expectancy at birth approaches 70 years, the population is also aging. The median age rose from 23 years in 1900 to 30 in 1950, and there is no reason to suppose that the ceiling of life expectancy has yet been reached.

The implications of these changes are that obstetricians and pediatricians will continue to be in demand and, concomitantly, a growing need will be felt for specialists in the chronic and degenerative diseases of old age.

It has been found, too, that mental and emotional disorders are more prevalent among the elderly and are aggravated by the complexities of urban living.

A specialist estimates that no more than 10 percent of the psychoneuroses, emotional disturbances and disorders of behavior, character, and intelligence are getting competent professional attention.

Medical advances make it possible for a physician to treat more patients in less time, but they also enable him to attack conditions previously thought to be beyond his scope.

As a physician has put it:

"The advent of intrathoracic and intracardiac surgery, new approaches to mental health and the increasing demands for effective control of degenerative diseases impose new demands for the augmentation of health personnel."

The search for an optimum physician-population ratio is hindered by countless unknowns. That is why some physicians and medical educators prefer to look at the problem from a different angle.

Let us forget the ratio controversy and the overall picture, they say, and examine, instead, the measurable shortages as they exist in the supply of medical students, medical teachers, and practitioners in specific areas of medicine.

When this is done, it is seen that in many instances, the demand far exceeds the supply and that virtually unlimited opportunities await the young doctor emerging from internship or residency.

That there is a decline in medical studies can hardly be doubted. This is not necessarily reflected in absolute numbers. Actually, the number of medical schools and students have been increasing.

There are 78 approved, 4-year medical schools in the United States, and 4 approved 2-year schools of basic medical sciences. Three new schools—Florida, Seton Hall in Jersey City, and Albert Einstein in New York—are in the process of development.

A total of 29,130 undergraduates were attending all the schools last year, a record number. The 1956 entering class was the largest ever enrolled, 8,014.

However, medical schools have reported a decrease in the number of applicants. The figure fell from a high of 24,434 in 1950, to a low of 14,538 in 1954, but rose to 15,917 in 1956. The number of applicants for each available place in first-year classes has been at a record low of 1.9 since 1954.

It has been unfortunate for the schools that as the high veterans' demand for medical education subsided in 1952, the small crop of depression babies began to arrive on the college scene.

By 1954 the schools were in the trough of the wave. However, by the mid-1960's, when increased enrollments now reported by high schools begin to be reflected in medical school applications, the situation will improve.

In 1955 the total college enrollment was 2,755,000. This is expected to rise to 6,443,000 by 1970. Will medical schools be able to squeeze an additional 2,000 students a year out of the increased number of college students?

The answer probably is "yes," but there are grounds for concern.

In 1920 medical schools had 2.4 percent of the total college enrollment. Now, they have 1 percent. It is estimated that by 1965, the figure will be 0.6 percent. It is here that the falling away from medical studies becomes apparent.

There also seems to be a deterioration in the quality of students applying for medical school.

The number of college students entering medical school with grade A averages has decreased from 40 percent in 1950 to 16 percent in 1956, while the number of students with grade B averages has increased from 43 to 70 percent.

The major, privately owned medical schools drawing students from colleges across the Nation have felt no pinch. Theirs is the pick of the crop.

Harvard, for instance, received 10,560 applications last year for the 115 places in its first-year class. As each applicant had filed an average of 7.7 applications to different medical schools, Harvard's share worked out to 1,371.4, or 11.9 for each available place.

Most State schools have geographical restrictions compelling them, either by custom or law, to reserve all or most places to residents.

Medical educators admit that the national average of 1.9 applicants for each available place leaves little room for complacency. It means that too many schools must scrape the bottom of the barrel.

What is keeping good students away from medicine? Any answer involves speculation. Several contributing factors have been suggested, including the following:

The high cost of medical education.

The long grind involved.

The lure of science and industry.

The decline of learning in general.

The insecurity and hardships encountered by practicing physicians.

Racial and religious discrimination.

A medical education is the most expensive. The minimum time required to complete it is 8 years beyond high school, 3 years of college, 4 years of medical school and a year of internship. However, 75 percent of first-year medical students in 1955 had 4 years of college behind them.

A medical education for certification as a specialist may take 12 years or more, for the specialist must normally complete at least 3 years as a resident in an approved hospital.

Eight years of premedical and medical education cost up to $13,000. The median cost of 4 years of medical school is $7,200, and is increasing.

Is medicine, then, a rich man's profession?

Not necessarily, for scholarships and student loans are available at most medical schools. A wide range of employment opportunities exists for students and their wives.

Medical educators are, however, unanimous in the belief that more financial assistance is needed.

A college student with insufficient motivation may be deflected from medicine when he considers the arduous road that leads to distant licensure and certification. Many students and ex-students of medicine insist, however, that medical school may be a most satisfying experience.

LURE OF INDUSTRY

The lure of science and industry does not appear to be as great for the potential medical student as may be thought. The prestige of the physician is not as great as some persons think. The physician's prestige is not exceeded by that of the engineer or industrial scientist. His financial rewards are usually comparable.

Besides, many students choose medicine in preference, not to other scientific pursuits, but to law, theology or teaching. For medicine belongs to the social as well as the physical sciences.

On the other hand, the general softening of scholastic endeavor in high schools and colleges has been as prejudicial to medicine as the basic sciences. It is hard to tell how much native talent and intelligence is lost to advanced scientific studies simply because the groundwork has not been laid.

Yet, despite their complaints, physicians live better than most. In 1953, the average physician in private practice earned $15,000. For lawyers, the figure was $9,392; dentists, $8,500, and public school teachers, $3,615.

REGARDING DISCRIMINATION

The charge that good students are lost to medicine through racial and religious discrimination in admission policies is hard to substantiate because the discrimination, if it exists, is never admtted.

Two medical schools, Howard in Washington and Meharry in Nashville, Tenn., are primarily for Negroes. The Woman's Medical College in Philadelphia admits only women.

A 1953 study showed that a student wanting to enter medical school in New York State stood a better chance if he was Protestant rather than Catholic, or Catholic rather than Jewish. It was noted, however, that the findings were not proof of discrimination.

Geographical discrimination sometimes works to the detriment of ethnic groups. Many private medical schools make a conscientious effort to achieve national representation in student bodies.

Thus, an applicant from Wyoming or another State having no medical school may be taken in preference to an equally promising applicant from New York. However, the New York applicant is more likely to be a Jew than his competitor from the West.

Discrimination may keep Negroes out of medical school even in the North. Inferior educational opportunities and lack of funds also are factors.

Internship and residency are an essential part of medical education. However, increasing amount of medical care is being dispensed by interns and residents. They constitute the majority of house staffs in the 867 hospitals offering approved internships and 1,202 offering approved residencies.

However, 2,013 of the 11,616 approved internships available in 1955 were vacant. Of the 26,516 approved residencies, 5,091 were vacant.

Without a constant influx of foreign physicians and American graduates of foreign medical schools, the shortage of house staffs would be more pronounced. In 1955, there were 2,293 foreign interns and 5,580 foreign residents in American hospitals.

New York State reported 2,005 foreign physicians serving as interns and residents, about a quarter of the total. In New Jersey, about 68 percent of hospital house staffs were foreigners.

Foreign medical schools as a rule do not come up to American standards. Many patients, therefore, are being cared for by graduates of substandard medical schools. This situation has been described as reminiscent of the diploma-mill era 50 years ago.

The number of graduates of foreign medical schools entering the United States medical profession on a permanent basis increased from 308 in 1950 to 907 in 1955. The latter figure represents the output of 11 United States schools of median size.

In 1955, there were 1,863 Americans enrolled in medical schools outside the United States and Canada. The number of foreign students enrolled in United States schools was 375. The difference represents the capacity of 4 United States schools of median size.

The shortage of medical teachers has become serious. Last year, medical schools reported 331 full-time faculty positions unfilled, a substantial increase over the 251 reported in 1956.

Efforts of several States to encourage young doctors to practice in rural counties testify to the physician shortage in remote areas. In most cases the encouragement takes the form of financial assistance to medical students in return for an undertaking to practice for a specified time.

The physician-population ratios vary greatly in regions and States. The Northeast States, for instance, are much better supplied with doctors than the South.

Among the States, New York has the highest ratio, 1 physician to 485 inhabitants. Mississippi has the lowest, 1 to 1,305.

DISTRIBUTION A PROBLEM

The need for better distribution to help areas not yet adequately supplied has been listed by the Association of American Medical Colleges as a factor calling for an increased number of physicians.

Acute physician shortages also are reported in the medical specialties, especially mental health. State mental hospitals now need more than 3,700 additional physicians.

A similar situation exists in public health. A 1951 study showed 458 medical vacancies in State and local health departments. The American Public Health Association believes the number of vacancies has "substantially increased" since.

The available evidence, therefore, suggests that the recent workshop conference erred in stating that the demand for physicians' services and the supply were "about in equilibrium."

The conference conceded, however, that the need for more physicians might exceed the demand.

Federal programs to stimulate new medical teaching facilities and assist medical students have been proposed as a way of increasing the supply of physicians.

Most medical schools have indicated that they would apply for Federal matching grants for expansion purposes if the necessary legislation, now in preparation, were enacted.

Contemplated construction projects, costing about $400 million could then be undertaken over a period of 5 years. About three-fifths of the cost would be chargeable to teaching and the rest to research.

Schools estimate that expanded facilities may enable them to accept as many as 1,850 more first-year students. This would be a long step in the right direction. However, most medical educators believe a more concerted effort is needed.

Mr. WILLIAMS. We appreciate your appearance and the testimony you have given, Mr. Fogarty.

Mr. FOGARTY. Thank you, Mr. Chairman.

Mr. WILLIAMS. At this time, I am pleased to turn the hearings over to our old friend, Dr. Ward Darley, executive director of the Association of American Medical Colleges, who will act as master of ceremonies in the panel disussion this morning.

Dr. Darley, we are pleased to have you and your associates here. If you will, we would be very happy for you to proceed in your own way after introducing for the record the members of the panel who are present.

Dr. Darley.

STATEMENT OF DR. WARD DARLEY, EXECUTIVE DIRECTOR OF THE ASSOCIATION OF AMERICAN DENTAL COLLEGES

Dr. DARLEY. Thank you very much, Mr. Chairman.

First, we wish to express our appreciation for the hearings that are being held today and tomorrow. I think you will find that the panel will not be speaking to any specific bill, but rather to the principle of extending the Research Facilities Construction Act and, in addition, providing for the construction of educational facilities in the field of health education.

The individuals on the panel this morning can be easily identified, because we have nameplates in front of each one. The first to speak will be Dr. John Deitrich, the dean at the Cornell University School of Medicine. The next will be Dr. Hugh Hussey, professor of medicine at Georgetown University.

Incidentally, Dr. Hussey is the new dean at Georgetown University, beginning July 1, and he is also a member of the board of trustees of the American Medical Association.

Dr. E. L. Stebbins, the dean of the School of Hygiene at Johns Hopkins University.

Dr. Francis Herz, dean of the College of Physicians and Surgeons Dental School in San Francisco.

Dr. Harry Lyons, the dean of the Dental School at the Medical College of Virginia.

And Dr. C. V. Rault, the dean of the Dental College at Georgetown University.

Then, finally, Dr. Wallace Sterling, the president of Stanford University, who is also on the Advisory Council of the Health Research Facilities Council for the National Institutes of Health.

Present in the audience we have certain staff members who will be glad to answer questions that fall in their area.

The panel will assume that everyone is aware of the effectiveness of medical service and health service, and also of the important part that health schools play in the education of practitioners, researchers, and teachers.

Today and tomorrow we would like to speak briefly to 4 points, 3 points today and 1 tomorrow. The points today will cover, first, what the health service schools do; second, the present trends in science and medical care that have significance as far as the effective operation of our health schools is concerned; and finally, the importance of maintaining standards of education for health service. Tomorrow we would like to speak to the fact that teachers and students must have places in which to work; that is, facilities that are needed so that our people may have health service personnel who will be needed in the years ahead.

Each panelist will speak very briefly. After Dr. Deitrick and Dr. Hussey finish, I think it would be good to stop for questions. When Dr. Stebbins, speaking for the public health schools, is through, I think questions would be indicated; questions again when the dentists have spoken; and finally, after Dr. Sterling has made his statement.

Dr. Deitrich will speak first.

STATEMENT OF DR. JOHN DEITRICH, DEAN OF THE SCHOOL OF MEDICINE, CORNELL UNIVERSITY

Dr. DEITRICH. Thank you.

Dr. Darley has asked me to speak about the major activities of the medical schools.

The medical schools are the primary educational institutions providing personnel for the health services of this country. At the beginning of the century the production of doctors was their only educational objective. Today, they have assumed or have had thrust upon them the responsibility for either a portion or all of the education and training of those various individuals composing our health teams.

Information illustrating the scope of these educational activities of the medical schools was obtained by a survey carried on between 1949 and 1951. The survey was sponsored jointly by the Association of American Medical Colleges and the council on medical education and hospitals of the American Medical Association. It was undertaken because the schools following World War II found themselves in serious difficulty. In a time of rapidly growing inflation, society was

asking them to provide an increased number and variety of personnel to man the country's health services. As director of the survey, I was given the opportunity to visit and study 41 of the 79 schools in existence in 1949. Information from all 79 schools was obtained by questionnaires.

The first phase of our study was to determine how many and what categories of students received instruction from the faculty of each medical school. The information provided by one privately supported school revealed that in addition to 398 medical students, the faculty gave courses of instruction to 63 dental students, 49 nursing students, and 60 pharmacy students. Twenty-two medical technicians were given all of their training in this school. The professors of the clinical departments trained 131 interns and residents and gave postgraduate courses to 94 physicians.

A second large tax-supported school had assumed even broader responsibilities for educating health personnel. In addition to the medical students, the faculty gave courses to 608 dental students, more than 1,000 nurses, 211 medical technicians, 74 occupational therapists, 87 dental hygienists, 18 speech pathologists, 73 physical education students, 238 pharmacists, 90 embalmers, 93 veterinary medical students, 421 graduate students, 62 interns and residents, and 90 postgraduate students.

In 1957, the medical schools provided some of the instruction for 5,457 dental students, 1,820 pharmacy students, 10,851 nurses, 2,600 technicians, and 5,144 students in the arts and science departments of their universities. They trained 10,967 interns, residents and fellows, and taught 2,537 students seeking masters or Ph. D. degrees in the sciences.

We emphasize this to show the scope and breadth of the educational activities of the health services provided by the medical schools. This huge educational activity requires adequate physical facilities.

In addition to these varied educational activities, the medical schools, as you well know, are engaged in research and service. Between 1940 and 1950, the funds expended on research by 59 of the medical schools increased 9 times. Today it is estimated that the medical schools as a group spend at least $1 on research for every dollar of instructional expense. The research expenditures of the medical school which I represent, Cornell University Medical College in New York, increased 3,200 percent since 1934, and yet we are still housed in exactly the same facility that we began with in 1933.

For lack of research facilities in the school, we have been forced to rent space outside the medical college. Many schools face similar situations and will be deeply appreciative of the Federal research construction grants.

The service activities of a medical school faculty include consultations to local, State, and national health and welfare agencies, and the provision of free professional care to charity patients. In 1949, the value of this free professional care of patients provided on the wards and outpatient departments of the teaching hospitals would have been worth between $90 million and $100 million if paid for according to the scale of fees used by the Veterans' Administration.

In 1949, the combined budgets of all medical schools equaled only $110 million.

Those of us engaged in medical education believe in the value of the three major activities: Education, research, and service. We need financial assistance to provide adequate facilities for these activities.

Thank you very much, Mr. Chairman.

Mr. WILLIAMS. Thank you very much.

Dr. DARLEY. Mr. Chairman, Dr. Hugh Hussey now will speak to the present trends in science and medical care that hold implications for health education.

STATEMENT OF DR. HUGH HUSSEY, PROFESSOR OF MEDICINE, GEORGETOWN UNIVERSITY, AND MEMBER OF THE BOARD OF TRUSTEES OF THE AMERICAN MEDICAL ASSOCIATION

Dr. HUSSEY. Here with me today is Dr. Edward L. Turner, who is secretary of the council on medical education of hospitals of the American Medical Association. I mention this because I know that Dr. Darley may want to direct some questions that you may ask to Dr. Turner as well as to myself.

Much of what I have to say is drawn from the congresses on medical education that are sponsored annually by the American Medical Association.

It is well known that science has expanded enormously in the past several decades. This has not been a step-by-step process. Rather, a step made has led to countless other steps in various directions, so that the growth in the strict sense has been explosive.

Medical science has shared in that growth. The growth has taken place in depth and in breadth. As an example of growth in depth, you might consider that a respectable scientific experiment in medicine some years ago might have represented by measurements of the body temperature of people. Nowadays, a respectable scientific experiment in medicine may be represented as something that studies the innermost workings of the cell of a human. The growth in breadth is exemplified by the fact that one research worker might encompass many areas of activity in times past. Now, research is often done in a team style, this being made necessary by the fact that no one man can know everything that needs to be known about medicine.

So there has been this enlargement of the body of medical knowledge, and with this, greater opportunities for research in medicine and, as a result of that research, still more new knowledge. All of this has created a greater task for the teachers, the medical educators.

If I may digress for a moment to emphasize what Dr. Deitrich has already told you, medical education and research and medical service cannot be separated. They lock firmly together.

To continue: The medical schools have met the challenge of providing education in many respects. One proof of that is that fact that the United States today is the center of the free world for medical education. Physicians come here by the thousands each year for postgraduate training in our techniques.

Faculties have grown tremendously, in order to keep pace with the need for imparting the new knowledge. As an example of such growth, 25 years ago a department of medicine in a school like the one where I work might have had one full-time man and the rest of the teaching would be done by part-time teachers who were engaged other-

wise in practice. These part-time teachers are still an important part of the medical education program today, but because of the enormous increase in the amount of knowledge, many additional full-time teachers have been added to the faculty.

Fortunately, financial support in some measure has been available for such faculty expansion. That money has come from private sources, from voluntary health agencies, and from the United States Government sources.

This has been a story of growth, a growth of knowledge of the people to work with it and to impart that knowledge to others. But in one sense, the growth has been disproportionate. While the faculties have grown and have accepted larger burdens, facilities have lagged behind, simply because money has been lacking for their construction. The situation is like that of a teen-age boy who is wearing last year's shoes. He is still walking but the shoes are beginning to pinch, and he may not be able to walk much farther.

The position of the American Medical Association with respect to the legislation that is under consideration has been in effect since as long ago as 1951, expressed in a resolution of the house of delegates as follows:

> Favoring a one-time Federal grant-in-aid on a matching basis for construction, equipment, and renovation of the physical plants of medical schools, no part of the funds to be used in any manner for operational expenses or salaries.

This position has been reiterated and additional information given in a memorandum that I believe has been delivered to all members of this committee.

I would like to propose that this memorandum, in the form of a letter from Dr. F. J. L. Blasingame to Chairman Harris, be introduced into the record.

Mr. WILLIAMS. It will be included in the record.

(The letter is as follows:)

AMERICAN MEDICAL ASSOCIATION,
Chicago, Ill., April 10, 1958.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
United States House of Representatives, Washington, D. C.

DEAR REPRESENTATIVE HARRIS: I am writing this letter to you to express the official views of the American Medical Association with respect to H. R. 6874, H. R. 6875, and H. R. 7841, 85th Congress. It is my understanding that these bills, which would provide for various types of Federal grants-in-aid to medical schools, are the subject of hearings before your committee.

The interest of the American Medical Association in medical education is as old as the association itself. The original call of the Medical Society of the State of New York which led to a preliminary national convention in 1846 and culminated in the organization of the American Medical Association a year later commenced with this credo: "It is believed that a national convention would be conducive to the elevation of the standard of medical education in the United States." At the initial association meeting one of the first actions taken was the establishment of a committee on education which functioned for 57 years before the formation of the present council on medical education and hospitals.

Thus, for over a century the American Medical Association has been actively and effectively engaged in the improvement of medical education in the United States. Largely as a result of the vigorous efforts of the association and those of other interested organizations, it can now be said with assurance that medical education in this country is superior to that found anywhere else in the world.

As practicing physicians we are vitally interested in maintaining this high quality of medical education because of its direct relationship to medical care.

It is not a coincidence that the improved standards of medical care in the last half century followed the elimination of substandard medical schools and diploma mills which had been, until then, turing out graduates in large numbers.

In establishing and maintaining high standards of medical education, continued attention must be given to the adequacy of physical facilities, the availability of qualified instructors and the availability of teaching material and patients for the clinical phases of medical education. These factors place definite limits on the number of medical students who can be adequately educated. Any attempt to increase the number of students without regard to these conditions will result unfailingly in a lower standard of medical education. In turn, increased numbers of inadequately trained physicians will serve only to destroy the high standard of medical care which has been developed in this country over the past half century. As physicians we must and do vigorously oppose any proposals which would lead, in our judgment, to a lowering of the educational standards and the standards of medical care. We support just as vigorously those proposals which are necessary and which we believe will have the opposite effect.

Generally, the American Medical Association is opposed to Federal aid in those areas where private citizens and local communities are capable of providing for themselves. We believe Federal aid to be a dangerous device because of the degree of control and regulation which must necessarily accompany Federal funds.

We believe, however, that there is sufficient need for assistance in the expansion, construction, and remodeling of the physical facilities of medical schools to justify a one-time expenditure of Federal funds, on a matching basis, provided, of course, that maximum freedom of the schools from Federal control is assured.

On June 13, 1951, the present position of the American Medical Association was established. At that time the house of delegates adopted a resolution calling for:

"A one-time Federal grant-in-aid on a matching basis, based on the Hill-Burton Act formula and administrative machinery, for construction, equipment and renovation of the physical plants of medical schools. No part of the funds shall be used in any manner for operational expenses or salaries."

As we understand H. R. 6874, H. R. 6875, and H. R. 7841, they would authorize matching grants to assist public or nonprofit, accredited medical schools in the construction, expansion, remodeling and alteration of teaching and research facilities.

The proposed program would be administered by the Surgeon General of the Public Health Service, aided by an Advisory Council. These bills specifically state that the program would not authorize Federal control over curriculum, administration, methods of construction or personnel. Under H. R. 6874 and H. R. 6875 no medical schools would be eligible for a grant if the building is to be used as a hospital, diagnostic or treatment center, rehabilitation facility, or nursing home, as defined in the Hill-Burton Act.

H. R. 7841 would limit Federal participation to 50 percent except where adequate assurances were given that freshman enrollment would increase by 5 percent or more over the 1956–57 enrollment. If increased enrollment was assured, the Federal contribution could equal up to 66⅔ percent of the cost of construction with a maximum limitation of $3 million. This percentage contribution could also be made in the case of construction of new schools. Twenty percent of the amount of any grant for new construction could be allocated to permanent endownment for maintenance of the new facility.

Under the terms of H. R. 7841, the advisory committee would be composed of the Surgeon General, who would serve as chairman ex officio, and 12 members appointed by the Surgeon General. Six of the appointed members would be from the general public and 6 from among leading medical, dental, public health, or scientific authorities, skilled in the sciences related to health.

There are a number of features of H. R. 7841 which, in our opinion, if adopted, would be detrimental to medical education. First, we are concerned that the bill would needlessly establish a precedent for urging or inducing medical schools to increase their enrollment more rapidly than is justified by their facilities, personnel, and teaching material. Without an analysis of each individual school, it is quite possible that a 5-percent increase in freshman enrollment at the present time would be detrimental to the quality of medical education or that such an increase in succeeding years would be unwise. We feel obligated to point out the dangerous principle which would be established, and to urge the committee to remove this unnecessary feature from the bill. We are certain that schools capable of increasing enrollment will do so without prompting.

While we object to increased Federal participation when it is based solely on increased enrollment, we do not object to greater than 50-percent Federal participation per se, such as in H. R. 7841 where the Government would contribute up to 66⅔ percent for the construction of new schools. The position of the American Medical Association is only that there should be some matching of Federal funds by the recipient school. We leave it to the discretion of Congress as to what the relative percentages should be.

Second, the bill provides for the appointment of a Federal Council on Health Educational Facilities. We would prefer that the Congress spell out with greater detail the composition of this council. Specifically, we recommend that six members be selected from among leading medical authorities and that the public members include persons skilled in the broad aspects of engineering, education, finance, and architecture. We believe that a council so composed would better assure the successful administration of the program.

Finally, we would recommend that the definition of "medical school" as set forth in H. R. 7841, and also in H. R. 6874 and H. R. 6875, be amended to eliminate schools of osteopathy. Osteopathy is not a part of medicine, but rather is a cult the tenets of which are based on unscientific principles. We, therefore, are opposed to the use of Federal funds to aid schools which teach an unscientific and inferior system of health care.

In conclusion, I would like to commend you and the members of your committee for your efforts in this highly important field of legislation.

Sincerely yours,

F. J. L. BLASINGAME, M. D.

Mr. WILLIAMS. Let me ask you one question at this point, Doctor.

Dr. HUSSEY. Yes, sir.

Mr. WILLIAMS. Are you acting on this panel as spokesman for the American Medical Association, or does the AMA have a spokesman on this panel?

Dr. HUSSEY. I am acting as their spokesman, sir.

Mr. WILLIAMS. Fine.

Dr. HUSSEY. The only point otherwise in that memorandum that I would like to emphasize to you is that the American Medical Association does oppose any feature in legislation that would be detrimental to medical education. This is self-evident. We are concerned with such a feature that would needlessly establish a precedent for urging or inducing medical schools to increase their enrollment more rapidly than is justified by their facilities, personnel, and teaching material. We are certain that schools capable of increasing enrollment will do so without prompting or other incentive.

Thank you, sir.

Dr. DARLEY. Mr. Chairman, I wonder whether, before we have any questions, I might not anticipate one question that you put in your introductory statement, the question as to whether or not the medical schools should be looked on as purely local institutions.

It is true, of course, that most of our medical schools do have rather deep roots in their local communities, and all of them have been started as a result of local interest in having a medical school. My feeling is that as the years have gone by the medical schools have taken on more and more of a national character, and the time has come when each medical school should be looked upon as an important national resource.

We have 85 schools supplying the needs of over 170 million people. This should make the schools take on individual importance from the national standpoint. The graduates of our schools serve all of our States. They serve our Armed Forces. We have nine States without medical schools that must obtain doctors who have graduated elsewhere, and we have other States that have been operating schools or

have just started new schools that presently are dependent upon the graduates of other schools.

I think the Federal Government recognized the national character of our medical schools during World War I, when students were deferred for the study of medicine. The doctor draft certainly recognized the national character of our medical schools, and at the present time the Office of Defense Mobilization is asking the medical schools to draw up detailed plans as to the way they might fit into the civil-defense picture.

We have private agencies conducting national drives to help with the financial problems of our medical schools: The National Fund for Medical Education, which has a national character; the American Medical Education Foundation; and others. We have regional commissions developing over the country, one in the South, one in the West, and one in New England, and the main drive behind the organizations of these commissions has been the need for health-service personnel.

Then, for years we have had the grant-in-aid program of the Department of Health, Education, and Welfare and the National Institutes of Health supporting training and research grants, all of which I think constitutes a recognition of the national character of our schools of medicine.

The Army, the Navy, the Air Force, and the Public Health Service all conduct programs in our schools of medicine that are concerned with the procurement of officer personnel. Then, as Dr. Hussey mentioned, the faculties of our medical schools are intimately mixed up with national health activities, both for Government and private agencies in many different ways.

Then, finally, the graduates of our schools are serving as interns and residents in hospitals all over the country, whether these hospitals are parts of the medical schools or not.

Now I think we can have questions posed.

Mr. WILLIAMS. You have done a very good job of showing why nationalization of education of doctors is a desirable thing according to your viewpoint here. I am wondering if you would also accept the nationalization of the profession.

Dr. DARLEY. No; and I did not intend to make it appear that I was speaking to nationalization of education, Mr. Chairman. I think that we are all in this together. My point is that we should work together nationally, locally, individually.

Mr. WILLIAMS. I wonder how you would distinguished between the two, the Federal responsibility to education as distinguished from the Federal responsibility to the individual citizen in providing him with medical care.

Dr. DARLEY. I think the combination of effort has done an excellent job so far, and that can continue.

Mr. WILLIAMS. Is that not the ultimate of this trend that we are in now, the socialization or nationalization of medicine?

Dr. DARLEY. I hate to think of it in just those terms.

Mr. WILLIAMS. Do you not think that these steps definitely contribute toward that trend?

Dr. DARLEY. Perhaps they do.

Mr. WILLIAMS. Thank you, sir.

Dr. DARLEY. Perhaps others would like to speak to this.

Mr. WILLIAMS. Proceed, Doctor, unless some members of the committee have some questions at this time.

I apologize for interrupting you. I did not mean to throw you off base.

Mr. LOSER. I am just wondering if the witness supports any one of these bills now before the committee.

Dr. DARLEY. At the present time, Mr. Loser, we are speaking to the principle involved. We feel that the provision of construction funds for research should be continued, and we are asking that construction funds for education in medicine be added. We are speaking to the general principles.

Mr. LOSER. You are asking that education in medicine be added?

Dr. DARLEY. Yes, that funds be provided for educational facilities in the health fields, as well as for research.

Mr. NEAL. Does that, Doctor, apply to salaries of the teaching profession only, or does it apply equally to the research facilities?

Dr. DARLEY. We are asking just for funds for construction, not for operating expenses, matching funds. All four bills have that feature.

Dr. LYONS. Dr. Darley, may I comment on that at this point, on the question that the chairman asked?

Dr. DARLEY. Yes.

Dr. LYONS. The national character of medical schools described by Dr. Darley I believe applies with equal force to dental schools in the United States. While there would appear to be a trend toward the nationalization or the so-called socialization of the health services, including dentistry, I am sure the American Dental Association takes a dim view of that as something to be desired.

We are also of the opinion that if support from the Federal Government would be limited to the support of research and the development of physical facilities, leaving to the individual schools the privileges of operation and the responsibility for supporting the operation, the nationalization, or the socialization of dentistry certainly in this instance might be avoided. While certain national characteristics are desirable, it is also desirable to retain some of the local characteristics of schools. We hope that that might be done if the operation of schools were left at the local level.

Dr. DARLEY. Dr. Sterling and Dr. Hussey, I believe, would like to speak to this point, if that is permissible, Mr. Chairman.

STATEMENT BY DR. WALLACE STERLING, PRESIDENT OF STANFORD UNIVERSITY

Dr. STERLING. May I observe, Mr. Chairman, just two points.

I believe very deeply that the locality or the State should do its utmost to provide the resources for its own support of education. But the two points are these:

Having spent some time, some 10 years or so, studying the financing of medical education, I am pretty well convinced, although a bit reluctantly, that the sum of money involved in the production of the new facilities that are needed is beyond the reach of private philanthropy or local taxes. This, I think, is particularly true now, when the colleges and universities of the country are being told that within the next 10 or 12 years they must expect a doubling of their post-high-school enrollments.

The strain on philanthropy and local taxes for all education to cope with this increased enrollment is going to make it all the more difficult to provide from these sources funds for the construction of these special facilities.

Mr. WILLIAMS. Doctor, I would not question your reference to philanthropy, but with respect to the ability of the local or State governments to finance this operation, are you aware of the fact that the United States Government today owes in excess of $275 billion, and that there is not a State in this Union that is not in better financial condition than the United States Government?

Dr. STERLING. One can hardly escape awareness of that, Mr. Chairman. Yes; I am keenly aware of it.

Mr. WILLIAMS. Can you reconcile that fact with your suggestion that the Federal Government is able to do it better than the State Government?

Dr. STERLING. I think it is so at the moment. I really do.

Mr. WILLIAMS. Can you reconcile that with that national debt that we have?

Dr. STERLING. Yes.

Mr. WILLIAMS. In other words, you are making an arbitrary statement, and I would like to hear the premise for that statement.

Dr. STERLING. I think it can be explained in part by the factor of time. It may be that philanthropic or local regional taxes could provide these facilities in due course, but I do not see how they can accommodate the increased enrollments and provide these facilities at the same time within the next decade.

So the issue is whether it is important to the health needs of the Nation that these facilities be provided now in the early future so that the personnel that the Nation needs can be trained therein. I think it is an issue of time.

Mr. WILLIAMS. But with the $275 billion-plus national debt, how do you come to the conclusion that the Federal Government is able to do it, if the State governments, without that debt, are not able to do it?

Dr. STERLING. Because I think it is increasingly a national responsibility to have these health needs met.

Mr. WILLIAMS. Is it your feeling that the Federal Government should print money to do this, if necessary?

Dr. STERLING. For this purpose, for construction, yes. I think it is one of the critical national needs.

Mr. SCHENCK. Mr. Chairman, may I make a comment?

Mr. WILLIAMS. Surely, Mr. Schenck.

Mr. SCHENCK. Dr. Sterling, in 1 of the 2 counties included in my congressional district, the total Federal taxes to be collected annually are estimated to be in excess of $230 million. We Members of Congress are faced with a very fundamental point and question. The Federal Government has no magic source for money except that which it collects from individuals; whether it be corporate taxes, excise taxes, or income taxes, they are paid by individuals. So we have the very serious problem of finding sources for money.

Apparently, in this coming fiscal year, our Federal expenditures are going to be considerably out of balance, increasing the national debt. That is one side of this question which is extremely important as to how we could obtain the necessary funds without increasing hardship

incident to increased taxes of all people who, after all, are local citizens, first. Secondly, there is bound to be Federal control in the expenditure of any Federal funds.

So whether these authorized funds be for buildings or operations or a program, there is bound to be Federal control. If you gentlemen are convinced that the Federal Government is the only source of money from which to build the necessary facilities and conduct the necessary research, then you are going to have to accept the responsibility of tapping individual taxpayers for additional sums of money.

We know, too, that there is a great loss in transmission in this Federal collection process, to obtain the necessary money and then allocating it for the building of such facility. These transmission costs are much greater than are true within a State or within a local community.

Therefore, I wonder how you gentlemen reconcile, as our chairman has said, the propriety of increased individual taxes to provide these necessary facilities by the Federal Government, and also how you would propose to deal with Federal controls which are just bound to occur.

Dr. STERLING. May I speak to that, Dr. Darley?

Dr. DARLEY. Yes.

Dr. STERLING. The concept of matching funds, which is inherent in this legislation, Mr. Chairman, puts the burden on philanthropic sources for those schools which are privately supported and upon local taxes for those which are tax-supported in each of the regions, so in effect it is a sharing.

With regard to the matter of control, I think here in the context of this legislation the suggestion of funds for construction only would limit the control to a strict accountability of the way in which the Federal and the matching funds were spent, as has been the case with the health research facilities funds. There is independence and freedom in the operation of the educational program and the training of research people.

Mr. SCHENCK. Doctor, in the production of a facility, the design, erection, equipment, and so forth, these matters would very definitely be subject to Federal control. I am sure you are aware also that even in the use of matching funds, in State programs where employees are employees of the State but are also being paid in part by Federal funds, they are under Federal control; and that position has been upheld in a number of cases.

Dr. HUSSEY. To return to the thought originally expressed, control, although evident in the kind of operation that Dr. Sterling has mentioned, is different from control where personnel are involved as you have just proposed.

Mr. WILLIAMS. At this point, Doctor, some of the bills require that, before receiving a higher grant, a school must agree to increase its enrollment by 5 percent, or a minimum of 5 percent.

Is that not in itself a measure of control?

Dr. HUSSEY. Yes, sir; and I have already spoken to that point from the memorandum.

Mr. WILLIAMS. Is the American Medical Association opposed to that position?

Dr. HUSSEY. Strongly, sir. We believe that the schools can be left free and will increase their enrollment within the limitations of their own individual operations.

Mr. WILLIAMS. Doctor, does that statement not in itself defeat the idea that there can be Federal funds without some measure of Federal control and if you are to receive the funds, you must necessarily submit to some degree of Federal control?

Dr. HUSSEY. Control in the sense that the expenditure of funds solely for construction would necessarily be subject to scrutiny by the people who provide those funds. But once the construction is completed, the control thereafter is nil.

Mr. WILLIAMS. Doctor, has the American Medical Association in the history of its organization ever suggested, except in this particular field, Federal aid to any field of education?

Dr. HUSSEY. I think not, sir.

Mr. WILLIAMS. And their position is based upon the principle that public education under the Constitution is a local responsibility; and I consider this to be the same and that publicly financed colleges are also a local responsibility.

How do you distinguish between public schools and public colleges in resolving that principle?

Dr. HUSSEY. I do not know that I am competent to resolve the principle, sir. The fact is that the American Medical Association has opposed Federal aid in areas wherever private citizens and local communities are capable of providing for themselves, and I am sure it will continue to follow that policy, because it is believed that Federal aid is a danger on account of the degree of control and regulation that may be implicit in some expenditures of Federal funds. However, it is believed that the need is so great for assistance in the construction, solely construction and remodeling of physical facilities of our medical schools, that a one-time expenditure of Federal funds on a matching basis is justified.

Mr. WILLIAMS. Do you also know that there is no such thing as a one-time expenditure of Federal funds in any program ever set up? Can you give me a precedent for that?

Dr. HUSSEY. We would like to hope that this will establish the precedent.

Mr. WILLIAMS. You are very optimistic in that respect.

Doctor, does the American Medical Association take a position that there is a shortage of doctors in this country?

Dr. HUSSEY. The American Medical Association has not taken that position.

Mr. WILLIAMS. What is the American Medical Association's position in that respect?

Dr. HUSSEY. That further exploration of the needs for the future in terms of numbers of doctors is needed before a decision can be reached on that point.

Mr. WILLIAMS. The AMA, I presume, is in favor of increasing the enrollments in these colleges as we go along, in order to turn out enough doctors to meet the increased population.

Dr. HUSSEY. There will need to be some increase. How much increase demands further study.

Mr. WILLIAMS. And yet you oppose any condition on these grants requiring that the enrollments be increased.

Dr. HUSSEY. Yes, sir.

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Mr. ROBERTS. Doctor, with reference to the 5-percent increase in the first year, under the bill that I introduced, do you take that to be a permissive proposition? I mean, there is nothing mandatory about it. If they want the increased grant, then they can comply; if they do not want the increased grant, they do not have to comply. Is that not true?

Dr. HUSSEY. The factor of incentive remains, however, sir.

Mr. ROBERTS. But the point I am making is that if they do not want the doubling of the Federal dollar, they do not have to increase the enrollment under that provision. It is a permissive proposition, is it not?

Dr. HUSSEY. That is true, sir.

Mr. ROBERTS. With reference to the shortage of doctors, do you have any information as to the number of doctors that are being produced in Soviet Russia today? Do you have any information on that?

Dr. HUSSEY. I do not have. Perhaps Dr. Darley or Dr. Turner will have.

Dr. DARLEY. We do not have those figures.

Mr. ROBERTS. Then, let me ask you this.

Is it your opinion that they are turning out a greater number of scientists and doctors in proportion to the number that we are turning out?

Dr. HUSSEY. I honestly do not know the answer to this. It is an impression that obtains from reading the papers and other sources of what information they provide.

Mr. ROBERTS. One more question.

With reference to whether or not there is a shortage of doctors, I know it varies in various parts of the country. Do you have any figures as to how many doctors we have in relation to the number of people who need medical care?

Dr. HUSSEY. I am sure that these figures may be available or can be made available within the next 2 days.

Mr. ROBERTS. Mr. Chairman, I am sorry I could not be here earlier. I had another subcommittee hearing. Has that information been put into the record?

Mr. WILLIAMS. No.

Dr. DARLEY. There is a great deal of that information in the medical inquiry work of our own staff. By and large, the ratio stays around 1 physician for every 730 individuals in this country.

Mr. ROBERTS. And it is considerably higher in the southern part of the country, is it not?

Dr. DARLEY. The ratio is less favorable in certain parts in the South and more favorable in certain metropolitan areas, certain States in New England and the Middle West. It varies from State to State.

Mr. ROBERTS. Is there a tendency for there to be more doctors in metropolitan areas than in rural areas?

Dr. DARLEY. Oh, yes.

Mr. ROBERTS. Is that due to the fact that we have a great deal more specialization in the medical field today than we have had at any time in the past?

Dr. DARLEY. It is partly that, I think, and partly the distribution of good hospitals and diagnostic facilities, and the fact of concentration of population, as well as purchasing power, availability of hospital beds. There are many factors involved here, sir.

Mr. ROBERTS. You would say, then, that there is a factor that a doctor can simply work better in some of the big metropolitan areas than he can out in the rural areas, and he also can hope to have a more attractive income in the metropolitan areas than he can in the rural areas? Is that not true?

Dr. DARLEY. In general, I think the per capita income of physicians in metropolitan areas is higher than in the rural areas. However, physicians in rural practice, depending on how busy they are, have very good incomes.

Mr. ROBERTS. Do you think that the Hill-Burton program has improved that situation in the rural areas?

Dr. DARLEY. Very much, sir. I was on the hospital advisory council in Colorado from the beginnings of the Hill-Burton program, and we saw that result there very definitely.

Mr. ROBERTS. Do you think there has been any great exercise of Federal control or any effort to impinge on the rights of the States in carrying out the terms of the Hill-Burton program?

Dr. DARLEY. We felt that the element of Federal control was good because of the high standards in hospital construction that were required. After the hospitals were completed, of course, I saw no evidence of Federal control any place. In fact, one reason the medical schools are interested in the legislation under consideration is because of past experience with matching construction grants. Shortly after the end of the war, construction grants were made available in cancer and heart research facilities, and no Federal control followed the conclusion of the construction.

This is the reason that we have no fear of Federal control as long as the provisions of these bills obtain.

Mr. ROBERTS. Do you think, then, that under the Health Research Facilities Act of 1956, there has been no Federal interference with States' rights?

Dr. DARLEY. No one has objected, sir. The administration of the act has been to the complete satisfaction of the schools.

Mr. ROBERTS. That is all I have, Mr. Chairman.

Dr. LYONS. Mr. Chairman, may I make a contribution to this discussion?

I believe some information with reference to dental schools might throw some light on the general situation here.

In the past 10 years, the dental schools of the United States, from their own resources or local resources, have spent $41 million for new construction, $6 million for remodeling of existing and older facilities, and $14 million for equipment. That totals $61 million that the dental schools of this country have spent from their own resources or local resources.

There are some States that do not have dental schools. That throws the burden of providing dentists for these States on other dental schools in other States. Dental schools in several of the States having dental schools are also carrying the responsibility for providing dental personnel for Federal agencies such as the military services, the Veterans' Administration, and other Government agencies.

So I think we can say that dental schools located in some of the States supported by local resources are meeting the needs not only of their localities but also of the Nation.

It would therefore appear to be logical that our Federal Government make some contribution to the total cost of supporting these dental schools. A logical type of partnership would appear to be support by the Federal Government for research and construction, leaving to the localities the responsibility of operation, and especially the privilege of controlling the operation.

With reference to the support of the Federal Government in terms of research and construction, I think it is important to bear in mind that our Federal Government is a benevolent government, and we might well profit, as our chairman has pointed out, by higher standards set by the Federal Government in areas of research and control.

But that does not mean that the localities cannot still preserve for themselves the traditional privilege of the operation of an educational program at the local level.

Mr. WILLIAMS. Doctor, you have explained that the local people have just spent some $61 million.

Dr. LYONS. In the past 10 years.

Mr. WILLIAMS. In the past 10 years.

This bill provides for dental schools, aid for dental schools, in the vicinity of $6 or $7 million; does it not?

Dr. LYONS. No. Per year, that is.

The administration bill would provide $30 million for dental schools in the period of 3 years, and H. R. 7841 would provide $40 million for dental schools over a period of 5 years.

There is no earmarking for dental schools in H. R. 11913.

Mr. WILLIAMS. Permit me to say that I am not too much impressed with the arguments that these schools should receive part of their support from the Federal Government because of the fact that some of their graduates enter Government service. The fact is that every single person in Government service in the United States today, with very few exceptions, is a product of the public schools of the United States, and I do not consider that to be a Federal responsibility, sir. Do you consider the operation of the public schools to be a Federal responsibility?

Dr. LYONS. No, sir; I do not. But I should like to call your attention to the fact that there was a time in our recent history when 22,000, or one-third of all the dentists in the United States, were enrolled in Government service. That seems to be a rather disproportionate figure.

Mr. WILLIAMS. A rather high percentage of the public is enrolled in Government service today, too, sir. Does the same yardstick hold true there?

Dr. LYONS. And another point I should like to emphasize is that there are some States that do not have dental schools. The same is also true of medical schools. Those States must depend upon schools in other States for supplying their health-service personnel.

In a few regions, through compacts, they make contributions of a rather limited scope to schools existing in other States. But in the main, there is the question of how much welfare at the national level comes into the picture, and it is on that basis that we believe that a logical partnership between the Federal Government and local agencies might be developed whereby the Federal Government would contribute toward research, which has a nationwide interest, and con-

struction. Control of construction, the design and purposes to which these buildings might be put, is in a category that would appear to be totally unobjectionable to anyone, no matter how strongly he might feel on the question of States rights and Federal control.

Mr. WILLIAMS. Doctor, you have made a great deal of the fact that several States do not have dental schools. Are you in a position to state categorically that if this legislation is passed, dental schools will be established in any of these States?

Dr. LYONS. No; I am not.

Mr. WILLIAMS. Then, what is the point of bringing in that argument?

Dr. LYONS. To point out that health is a national issue and that because some States do not have dental or medical schools, they naturally have to look to other sources for their health-service personnel. Under the present situation, we have schools, medical and dental schools, as local agencies, supplying their products to other regions in which they have no special interest and from which they derive no support. And medical and dental education is very, very expensive, and such endeavors are operated generally at a deficit.

Mr. WILLIAMS. Does not the same hold true in the field of engineering education?

Dr. LYONS. I am not acquainted with that field, but I understand that is true.

Mr. WILLIAMS. And I presume that you also advocate Federal aid for the construction of engineering schools.

Dr. LYONS. I would not object to it; no, sir.

Mr. DINGELL. I wonder if there is any member of the panel who would object to it, Mr. Chairman.

Mr. WILLIAMS. I would.

Mr. DINGELL. I mean of the panel of witnesses.

Mr. WILLIAMS. Oh, excuse me.

Let me ask one more question, and then I will leave you alone, Doctor.

How would the panel feel about legislation which would relinquish or return a proportionate percentage of the taxes collected by the Federal Government to the States to be used for this purpose?

Dr. DARLEY. You mean specifically, a one-shot relinquishment to the States?

Mr. WILLIAMS. Yes, to be used for the purpose of medical-school construction or research-facilities construction, without any Federal strings attached whatsoever, leaving it entirely up to the States.

Dr. DARLEY. This is a brand new idea to me, sir. Offhand, I would think it might be a very good idea. It might set a good precedent. I would want to think about it. I would like to know how the other members of the panel feel about it. It would be interesting to see how a bill would read that could accomplish that. The question of precedent and all that would be a matter for the Congress to decide, of course. We are down to 45 minutes, however, and we have yet to hear from public health and dentistry. I will just leave it to your judgment, Mr. Chairman, as to how to proceed.

Mr. WILLIAMS. That suggestion was made with respect to Federal aid to public schools. I am wondering how this group might feel about just leaving the money in the States, with the understanding

that the States would do the job. Do you feel that that would be preferable to direct Federal handouts?

Dr. DARLEY. Offhand, I would say it would be one acceptable way of doing it, as far as I am concerned. I think the idea is quite attractive. Whether it is possible or not, I do not know, sir.

Mr. WILLIAMS. Thank you. Excuse me again for getting you off the track, Dr. Darley. Proceed.

Dr. DARLEY. I think this has been extremely important, nevertheless.

Dr. DEITRICH. I would like to raise a problem for which I do not have the solution. As you know, many States contain both State tax-supported medical schools and private medical schools. I, being dean of a private medical school, am, obviously, interested in this. We do not receive a dollar of State tax money today. I think this proposal would require a good bit of study by the legislators of a State, to decide if they could distribute funds on some sort of basis to both State-supported schools and privately supported schools. We feel here we have had a sympathetic audience in Washington, from the standpoint of the privately supported schools, from our experience in research grants, and this I would raise as quite a serious problem for many of us in a large number of States.

Mr. WILLIAMS. Then I understand it is your feeling it is easier to get money from the Federal Government than it is from the State government?

Dr. DEITRICH. I would think that, in this area, our experience has been excellent. I would have to agree to that.

Dr. DARLEY. I can see that many States would need to change their constitutions in order to make this thing work, and I think that would be a major operation in many States. I have been associated with a State university, and in Colorado I could see no problem, provided the legislature was willing to appropriate the funds to the medical school.

Shall we hear from Dr. Stebbins now for the public-health schools, Mr. Chairman?

STATEMENT OF DR. E. L. STEBBINS, DEAN OF THE SCHOOL OF HYGIENE, JOHNS HOPKINS UNIVERSITY

Dr. STEBBINS. I will speak very briefly, Mr. Chairman, because, as you know, the problems of the schools of public health have been presented before this committee rather recently. I would just remind you that there are 11 schools of public health in the United States; that these schools provide postgraduate training for health personnel.

In that connection, I would like to speak not only from the standpoint of the schools of public health, as such, but in favor of this legislation, because it would strengthen the medical schools and the dental schools from which we draw many of our students for postgraduate training.

The unique character of the schools of public health, as you recall, is that we train primarily for public service; that between 90 and 95 percent of our graduates go into public service in the United States Public Health Service, the Army, the Navy, the Air Force, State and local health programs, and, to a very considerable extent, in Government service in the international health programs.

The schools of public health are urgently in need of more adequate physical facilities for both research and training. Many of the schools are old, the private schools particularly, with buildings that were built 30 and 40 years ago, and we know that all of them are short of space. It has been mentioned that the medical schools not infrequently have to rent space. The schools of public health face the same situation, renting tenement buildings in the vicinity of the school of public health.

To illustrate the problems of crowding and the need for facilities, at a recent meeting of the Association of Schools of Public Health, one of the deans made the following statement:

> The last full professor appointed to the faculty was placed in an office 7½ feet wide, constructed by closing off the last corridor possible under fire laws.

He also said:

> Our classrooms are so crowded now that, at times, the regular faculty member in charge of the class has to sit in the doorway if we have a visiting lecturer.

The problem of adequate facilities is related to the rapidly growing science with which we have to deal. In the early days of the schools of public health, small laboratories were entirely adequate for the training of students and for research. But, with the tremendous advances in medical science, the science of public health, new and modern equipment is absolutely essential. Housing for this more elaborate and complicated equipment is urgently needed.

Speaking from the standpoint of the schools of public health, I would say that we are definitely in favor of this legislation because of the urgent need. As to the various bills that have been introduced, H. R. 11913 specifies schools of public health as eligible for this aid. H. R. 7841 also specifies schools of public health, and specifies a proportion of the funds that would be authorized.

The two other bills, we believe, intend to provide broadly for schools of medicine, schools of public health, and dental schools. We would like to urge that this be clarified, and that the need of the schools of public health be recognized in any legislation that might be further considered.

Mr. WILLIAMS. Dr. Stebbins, is the question of facilities involved in the present study being made by the Commission set up under the act of Congress of last year?

Dr. STEBBINS. Yes. There are questions that all of the schools have been asked as to their needs, in the questionnaire that has been sent around to all of the schools in preparation for the conference this summer.

Mr. WILLIAMS. In that regard, in view of the fact that this study is underway, you will remember our discussion of that in the little public-health bill that we had before our committee some time ago. The Department of Health, Education, and Welfare opposed that legislation, which involved the earmarking of $1 million of public-health funds to be used for operation expenses and the Department argued that that bill should not be enacted until such time as the Study Commission made its recommendations. Do you know whether or not they view this legislation with the same attitude of wait and see?

Dr. STEBBINS. I cannot answer that question. I do not know the official position of the Department on that.

Mr. WILLIAMS. Is it your feeling that the public health school legislation should be considered separate and apart from aid to other medical schools, or should it be considered with other medical schools? In other words, do you place your group in the same category as regular medical schools?

Dr. STEBBINS. We feel that we are somewhat unique in that 95 percent of our graduates go into public service.

Mr. WILLIAMS. You are training your people specifically and exclusively for public service, are you not?

Dr. STEBBINS. Yes; that is right.

Mr. WILLIAMS. And to that extent, at least, it is in a separate category from regular medical schools or medical colleges.

Dr. STEBBINS. Yes; that is right.

Mr. WILLIAMS. Thank you, sir.

Are there any questions?

Dr. Neal.

Mr. NEAL. What percentage of the trainees are postgraduate?

Dr. STEBBINS. In the majority of the schools, they are all postgraduate. In, I think, three of the State schools, there are relatively high numbers of undergraduate students.

Mr. NEAL. In other words, your schools of public health are only giving finishing touches to that particular preliminary training that has been carried on by the medical schools and various other institutions.

Dr. STEBBINS. This is a definitely postgraduate training program for the specialist in public health.

Mr. NEAL. Thank you.

Dr. DARLEY. Are there any questions, Mr. Chairman.

Mr. WILLIAMS. Do you have anyone representing the Public Health Service on the panel?

Dr. DARLEY. We do for tomorrow, sir. There are representatives of the Public Health Service here. Dr. Stebbins could not be here tomorrow, which is the reason he is covering so much ground today.

Mr. WILLIAMS. In view of the fact that the Health, Education, and Welfare Department has given a clean bill of health to providing this aid to public health schools, I trust that they will be prepared tomorrow to explain why they would oppose the granting of the earmarking of $1 million to the public health schools in one bill and then support the granting of several million dollars for construction purposes in another bill, in the absence of a report by this study commission.

Dr. DARLEY. The Surgeon General will be here tomorrow.

Mr. WILLIAMS. I trust he will be able to explain this.

Mr. DINGELL. I would like to hear an explanation from the representative of the American Medical Association who is present, Mr. Chairman, as to why the AMA has changed its position on the bill you were just referring to.

Mr. WILLIAMS. If he wants to explain that. I am at the point in the last few weeks where I wonder whether the AMA knows what it is doing, whether it has any set principles or whether its principles are flexible.

Mr. DINGELL. I want to say that I rather agree with the Chair at this point.

Dr. HUSSEY. Mr. Chairman, the principles with respect to the legislation that we are discussing this morning have been in existence, as I pointed out, since 1951, and have not changed.

Mr. WILLIAMS. Doctor, I do not want to argue this point, but with me, Federal aid to education is the same whether it is Federal aid to an elementary school or whether it is Federal aid to Harvard University. Apparently, the American Medical Association feels that the principle of Federal aid is flexible enough to take in those things which will benefit the AMA and yet exclude those things which will not benefit the AMA directly.

As I say, I do not want to argue the point, but I fail to understand the position that the AMA has taken with respect to Federal aid to medical schools, when the AMA has been so sound, in my opinion, with respect to keeping the Federal Government out of the practice of medicine in the past.

Of course, if the AMA wants to go ahead and contribute to the trend toward socializing medicine, that is their business. I do not intend to.

Mr. DINGELL. Mr. Chairman, I would like respectfully to remind the Chair that there are those of us who do not agree with the term "socialized medicine," and who happen to feel that there are certain changes in the practice of medicine today which would be very beneficial to the health of our constituents.

I think I can speak for my own, because my constituents thoroughly approve of what the AMA happens to disapprove of in using the term "socialized medicine." I would so like to remind the gentleman here from the AMA of that, too.

Mr. WILLIAMS. I would like to state to my colleague from Michigan that he was not here when the premise for that question was laid, by an expert testifying before this comittee, the chairman of the panel presently before us, who admitted under questioning that this legislation adds or gives impetus to the trend toward the nationalization or socialization of medicine itself.

I was basing that question on the premise laid by Dr. Darley himself.

Mr. DINGELL. Of course, I agree with respect to the Chair, but I would like to state also that I do not happen to agree with the term "socialized medicine." I would question anyone's wisdom who used the term. I would further go so far as to state that I happen to think that there are some things which are good for the health of the people of this country which the AMA does not happen to agree with.

Just to cite an instance, I would like to point to the expansion provisions of a couple of these bills that happen to provide for a little bit of expansion in the number of doctors which are being produced in this country today.

Mr. WILLIAMS. Proceed, Doctor.

Dr. DARLEY. Shall we go to the dental group?

Mr. WILLIAMS. Yes.

Dr. DARLEY. Dr. Herz will take over the chairmanship of the panel for the presentation of the dental picture.

STATEMENT OF DR. FRANCIS HERZ, MEMBER, COUNCIL ON LEGISLATION, AMERICAN DENTAL ASSOCIATION

Dr. HERZ. Thank you, Mr. Chairman.

I am Dr. Francis Herz of San Francisco, Calif., where I am engaged in the general practice of dentistry. I am a member of the council on legislation of the American Dental Association.

I might add that the American Dental Association supports in principle the legislation that is before you.

I have with me two distinguished dental school deans: Dr. Clement Rault of the Georgetown University, and Dr. Harry Lyons of Richmond, Va.'s, Medical College of Virginia. Dean Rault was the former head of the Dental Department of the United States Navy, and he retired as a rear admiral. He will speak for the American Association of Dental Schools. Dean Lyons will speak for the American Dental Association, as the association's immediate past president.

Dean Rault.

Dr. RAULT. Thank you, Mr. Chairman.

STATEMENT OF DR. CLEMENT V. RAULT, ON BEHALF OF THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS

Dr. RAULT. Mr. Chairman, gentlemen, the health of our citizens is perhaps the most important of all our national resources. Dentistry has significantly contributed to our Nation's health. Good physical and mental health is the foundation of our national security. Yet, neraly 95 percent of our people suffer from dental diseases.

The dental schools of the United States are the only source for the education and training of the Nation's dentists. For private practice, they supply all of the dentists in the United States.

Dentists as instruments in national defense: As Dr. Lyons has already stated, in World War II we had over 22,000 dentists who served in the defense forces. That is about one-third of the profession. That they were well prepared as dentists to aid in the health services is a historical fact.

The need for dentists and physicians in the Armed Forces has been so great that the Physicians and Dentists Draft Act was enacted. This act expires July 1959, and I am informed that reenactment will be recommended by the Department of Defense to insure the Army, Navy, and Air Force the necessary number of physicians and dentists.

In a recent survey made in the survices of 183,000 Marine and Navy recruits, it was found that 90 percent of the recruits, averaging 18½ years of age, needed dentistry, and that between 5 and 10 percent had so many teeth missing that they had to have artificial restorations to supply teeth.

The dental schools are the principal source of improving the efficiency of practice.

We know that 1 ancillary personnel assisting a dentist will increase the volume of his treatment 37 percent; and 2, by 68 percent. The dental schools had attempted to train hygienists, assistants, and technicians, but the cost has been beyond the ability of the schools to

continue in many cases. They have contributed, however, to the training of these auxiliaries to a large extent.

In closing, I would like to make one statement that I think would be of interest to the committee, particularly.

There are 47 dental schools in the United States and Puerto Rico. Nineteen of these are State schools, including the one in Puerto Rico. Fifty-seven percent of the students in dentistry are in privately supported schools this year. Last year, 66 percent were in privately supported schools.

Thank you.

Mr. WILLIAMS. Thank you, Doctor.

Is it your position that the need for this legislation is based on the need for additional dentists?

Dr. RAULT. Yes, sir.

Mr. WILLIAMS. And if this legislation is passed or is enacted, you feel that the number of qualified dentists in the United States will be considerably increased?

Dr. RAULT. We believe so.

Mr. WILLIAMS. Dr. Hussey, do you agree with that with respect to doctors?

Dr. HUSSEY. Yes; I think there will be a measurable increase, and that this will come about because the increased facilities will permit enrollment of more students.

Mr. WILLIAMS. Is that the underlying purpose of your support of the legislation, to try to increase the number of qualified physicians?

Dr. HUSSEY. No, sir. The underlying purpose is to provide facilities to do the task that currently is being accomplished in inadequate facilities.

Mr. DINGELL. Will the Chair recognize me for one question?

Mr. WILLIAMS. Surely.

Mr. DINGELL. Dr. Hussey, would you say you are against an increase in the number of physicians in this country?

Dr. HUSSEY. No, sir.

Mr. DINGELL. But you would not favor a bill, then, which would increase the number of physicians in the country. Would that be a fair statement?

Dr. HUSSEY. I have already answered that, in part, sir.

Mr. DINGELL. I would like to have you answer it for me.

Dr. HUSSEY. The thought that I expressed earlier with regard to incentive features in some of the legislation that is under consideration is this, that an incentive to increase enrollment is not advisable simply because this puts a strain upon the school to do it, when in point of fact it may be the mission of that school not to increase the number of enrollments.

Mr. DINGELL. Would you say it was a general statment, then, that we should figure that it is not the mission of the medical schools in this country to turn out more doctors for the expanding population?

Dr. HUSSEY. No, sir. I think the accomplishment of that mission should be left to the free choice of the schools, and I contend that to some extent, at least, that free choice is hampered when an incentive feature is introduced into the legislation.

This will come about, I am confident, as a dividend, with the schools acting freely.

Mr. DINGELL. Are you not satisfied, Doctor, in your own mind, that this country does need more physicians and surgeons, doctors, and dentists?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. And our population is going to expand substantially in the next few years.

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. And with each additional expansion, we are going to need more doctors and surgeons, physicians and dentists. Is that not a fair statement?

Dr. HUSSEY. I cannot foresee eventualities too far into the future.

Mr. DINGELL. If I were to say that the census says that by 1965 we are going to have about 200 million people in this country, would that indicate to you that we are going to have an increase of about 12 percent, and we are going to need that many more doctors? Would that not be a fair statement?

Dr. HUSSEY. No, sir, for this reason: that if you had based a judgment of the need for farmers on farming practices of 3 or 4 decades ago, you would have foretold that we would need a great many more farmers than in point of fact actually turn out to be needed, because of changes in practices of farming.

Mr. DINGELL. There is a whole lot of difference between farming practices and medicine; is that not true?

Dr. HUSSEY. Yes, indeed.

Mr. DINGELL. And to grow more, you have only to plant the rows closer together and plough up another 40 acres and put on a little more fertilizer, and you produce more. Is that not right?

Dr. HUSSEY. The point I was making is——

Mr. DINGELL. Is that not a fair statement, Doctor?

Dr. HUSSEY. The techniques of doing the plowing and the techniques of providing the fertilizer have changed.

Mr. DINGELL. And you buy a tractor instead of plowing with one jackass. Is that not right?

Dr. HUSSEY. Yes.

Mr. DINGELL. So there is a big difference between farming and the practice of medicine.

Dr. HUSSEY. Yes.

Mr. DINGELL. Or would you care to tell me that they are the same?

Dr. HUSSEY. No.

Mr. NEAL. Would the gentleman yield there for a moment?

Mr. DINGELL. Doctor, I would be delighted to, but I just want to pursue my question a little more, if I may.

Doctor, I want to get down to H. R. 7841. You say we ought not to have any incentive feature in the bill that the committee reports out.

Would I be fair in assuming that that would be because your organizaton does not want any increase in the number of doctors?

Dr. HUSSEY. No, sir.

Mr. DINGELL. Do you think an increase in the number of doctors in this country would be desirable?

Dr. HUSSEY. An increase in the number of doctors is inevitably needed. The extent of that increase in terms of——

Mr. DINGELL. Speaking on behalf of the American Medical Association, would I be fair in saying you are favorable to having an increase in the number of physicians in this country?

Dr. HUSSEY. Within the needs that there will be apparent in the future; yes, sir.

Mr. DINGELL. Would I be fair in assuming that you would be in favor of an increase in the number of physicians and surgeons in this country?

Dr. HUSSEY. As specified; yes, sir.

Mr. DINGELL. Now let us go a little bit further and find out some more things here.

You state that you do not feel that the incentive provision of H. R. 7841 is desirable. What about the medical schools and plants around this country? They are turning out about the same number of doctors and physicians that they were in 1930. Is that not right?

Dr. HUSSEY. Forgive me for not answering that, because I would like the answer to be accurate. I think that Dr. Darley or Dr. Turner can answer it more accurately.

Mr. DINGELL. I would like to have the answer from somebody on the panel. How many doctors are we turning out today in relation to the number in 1930?

Dr. TURNER. In 1930——

Mr. WILLIAMS. Would you identify yourself for the record?

Dr. TURNER. I am Edward L. Turner, secretary of the Council on Medical Education and Hospitals of the American Medical Association.

In 1930 there were 4,735 graduates. In 1957, there were 6,796 graduates.

Mr. DINGELL. And our population has gone from 130 million to 170 million. Is that right?

Did we have adequate medical care in relation to the number of doctors as compared to the number of patients in 1930, Dr. Hussey?

Dr. HUSSEY. You say did we have?

Mr. DINGELL. Yes; did we?

Dr. HUSSEY. Yes, sir, I think so.

Mr. DINGELL. Would you like to go back to the same standard of care we had in the thirties, Doctor?

Dr. HUSSEY. I would hate to do without penicillin and many of the other things that have been contributed by medicine to medical care since that time.

Mr. DINGELL. Would it not be fair to say that one of the real reasons for having this Federal aid program and spending the taxpayers' dollars on medical aid or on Federal aid to medical schools would be an increase in the number of doctors? Would that not be a fair statement, that that is one of the reasons why we are justified in spending Federal dollars on this proposal?

Dr. HUSSEY. Yes, sir. That is a fair statement.

Mr. DINGELL. So that we ought to spend these Federal dollars in such a way that we would get the maximum return for the taxpayers in terms of Federal dollars spent. Is that not right? Just yes or no, Doctor, yes or no.

Mr. WILLIAMS. He might have to qualify that.

Dr. HUSSEY. I do have a qualification.

Mr. DINGELL. I have listened to so many qualifications, Mr. Chairman. I would like to get a straight yes or no answer, please.

Dr. HUSSEY. Truly, this does need qualification in the same terms that I have already answered previously.

Mr. DINGELL. In other words, you do not happen to think that we ought to spend this money in such a way as to stimulate good quality production of doctors at the highest rate for the lowest expenditure of dollars, then. That would be your position, that you do not think we should do that?

Dr. HUSSEY. My position is that this will come about when money is granted for construction purposes.

Mr. DINGELL. It might happen that we do not spend any of this money, too, might it not, Doctor?

Dr. HUSSEY. Yes, indeed.

Mr. DINGELL. So maybe we ought to kill this bill and forget about it. Is that right?

Dr. HUSSEY. I would not advocate that, sir.

Mr. DINGELL. Thank you, Mr. Chairman.

Mr. WILLIAMS. Dr. Neal?

Mr. NEAL. Doctor, do you have the available figures as to the relationship of patients per doctor in 1930 as compared to the relationship in 1956?

Dr. TURNER. Congressman Neal, I do not have those figures with me, but the relationship has remained pretty much the same, about 1 to 730.

Mr. NEAL. Approximately the same now as it was in 1930?

Dr. TURNER. That is right. And as I pointed out a few moments ago, the increase in the number of graduates has gone from over 4,700 to over 6,700 in the same period.

Mr. NEAL. As a means of getting at the ability of the present-day physician to serve patients, when you consider the ancillary facilities that are available to the doctor for treating patients, and the number of people available to him for assistance, the increase in roads and communications and all that sort of thing, would you say that the doctor of today is confined to approximately the same limit in the number of patients he can treat per day as he was in 1930?

Dr. TURNER. Congressman Neal, you have asked a very difficult question to answer. This is a changed world today, medically, from what it was in 1930. We have seen the development of all of these new techniques, these new therapeutic agents. The potential efficiency of a physician is far greater today. There is no question about that. There is a certain time factor that is involved whenever you deal with a patient, but from the standpoint of medical efficiency today, it is tremendously increased over what it was 30 years ago. Transportation, communication, the various therapeutic agents that we have available, the diagnostic procedures that we now have, make this a different medical world.

Mr. NEAL. Then, another thing that takes a great deal of the load off of the present-day practitioner is the terrific advances that have been made in eliminating a lot of things. Nowadays the problem of treating patients comes to be more of a matter of prophylaxis and attempting to preserve the health of people as they approach the older age. Is that not true?

Dr. TURNER. The problem there is that as you improve one area, new problems begin to creep in. And, as you have pointed out, the problem of how to take care of the aging individual today has assumed much greater significance and importance than it did when people were dying at a younger age. There is no question about that.

Mr. NEAL. Thank you, Doctor.

I want to make one other observation while I have the floor, Mr. Chairman, and that is this: Do you gentlemen of the panel believe that, if the States have the will to do what they think is essential in the way of preparing themselves for the teaching and training of such personnel, there are few States in the Nation that are not fully capable of doing just what they ought to do if they want to do it?

I will cite the example of my own State, with fewer than 2 million people, in a hilly country, where agriculture is not prosperous, and where coal is probably the chief resource of the State today, where the basis of taxation over the years has been built largely upon a basis of excises rather than upon true valuations and actual valuations of real-estate property.

We started in 1951 with the idea that we were going to construct a 4-year medical college, after having for a great many years operated, in connection with the University of West Virginia, a 2-year course and sending the 2-year completed students to Virginia and other States where they could get admission to complete their 2 years and graduate from a 4-year course.

The State of West Virginia went so far as to adopt, on top of already existing, probably overburdening, excise taxes, a soft-drink tax which is enabling the completion of a very modern medical, dental, and nurse training school in Morgantown, on the pay-as-you-go basis.

That is an example of what people can do if they will to do it.

Is it not better that we leave those States on their own initiative, rather than come to the Federal Government to ask assistance?

Mr. WILLIAMS. Doctor, may I cite my own State as another example?

Dr. LYONS. Mr. Chairman, may I introduce another dental story at this point that may, in part, answer the question put by Congressman Neal?

Mr. WILLIAMS. Surely. Go right ahead.

Dr. LYONS. This is a dental story, but I think it applies again with equal force to medicine, although I am not being presumptuous to the point of speaking for medicine. I am speaking only for dentistry.

In 1955, the dental schools of the United States had produced enough dentists to provide 1 dentist for every 1,886 people in the United States. In some States, that dentist-population ratio was 1 to 1,100 or 1 to 1,400, which students of dental-health problems generally support as a desirable figure under certain circumstances.

Also in this connection, desirable ratios, it might be of interest to point out that the military services, by regulation, provide 1 dentist for every 500 enlisted persons.

With those figures as a background, it might be of interest to you to know that the dental schools in the United States now are graduating about 3,100 dentists annually. Of this number, approximately 2,100 to 2,200 are needed to replace the dentists who die or retire, leaving between 900 and 1,000 new dentists added, mainly, to the rolls of practitioners.

But we must also bear in mind that our population is growing at the rate of about 3 million a year. While the present dentist-population ratio is in the range of 1 to 1,886, the new dentists in relation to the new people are in the range of 1 to better than 3,000.

So that, by 1975, if this situation continues, instead of having a ration of 1 to 1,886, we will have a ratio of 1 to approximately 2,200.

There are other things that influence this situation, too. As the health education of the people is elevated, they demand more dental care. They are appreciating dentistry more and more as an important health service. As the character of our population changes, the demand for dental care is also increased.

For instance, people in the rural areas do not demand as much dental care as people in the cities, and there is a trend from the farm to the city in this country that has an influence on the demand for dental care. And, as the prosperity of our people increases, they also demand more dental care—all of which points out that we are not only not holding our own in the matter of manpower, but that we are losing ground, and we are losing ground from the standpoint of personnel alone. That situation is made all the worse by these other factors I have just pointed out.

So, it becomes obvious that we are not going to meet the demand, to say nothing of the need, of dental care in this country from the standpoint of manpower alone, which brings me to the question of research.

If the health needs of our people are to be met, they will be met in great part by the discovery of new means for preventing dental diseases, rather than trying to remedy them or to repair the ravages of them by the available dental means.

So, the American Dental Association is very strongly in support of the general idea that we must, with vigor, promote research in both basic fields and applied fields that might lead to additional discoveries to the one major discovery that has already been made in the field of preventive dentistry; namely, fluoridation of public water supplies.

Mr. WILLIAMS. Doctor, you just made the statement that in the cities the need for dental services is a great deal more acute than it is in the country.

Dr. LYONS. Not the need. The demand.

Mr. WILLIAMS. You said there was a greater need in the cities.

Dr. LYONS. No; I did not say need.

Mr. WILLIAMS. In the cities, they add fluorine to their water, do they not?

Dr. LYONS. Mr. Chairman, I think there is a slight misunderstanding. I said people in the country do not demand as much dental care as people in the city. I did not say need.

Mr. WILLIAMS. I am sorry. I understood you to say required.

Dr. LYONS. No.

Mr. WILLIAMS. I beg your pardon.

Mr. DINGELL. Mr. Chairman, may I ask Dr. Hussey a couple of more questions, please?

Doctor, I am very interested in this thing. I am sure that, having come before us to testify on H. R. 7841, you took the trouble to read the bill, did you not?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. I would like to have you open the bill, I am sure it is before you, to page 3, and to look down to line 12, wherein is found the definition of the term "medical school." On line 12, paragraph (c), the term "medical school" is defined as—

a school providing training leading to the degree of doctor of medicine or osteopathy, approved or accredited by a recognized body or bodies approved by the Surgeon General after he has obtainetd the advice and recommendation of the Federal Council on Medical and Dental Educational Facilities created under section 803.

I assume, first of all, that the American Medical Association has a good deal to do with the accrediting of medical schools throughout the country. Am I correct?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. You set certain standards for accredited medical schools. Am I right?

Dr. HUSSEY. In collaboration with the Association of American Medical Colleges.

Mr. DINGELL. And it would be fair to say that your voice is not disregarded in determining the standards for medical schools. Am I correct? The voice of the AMA is heard in fixing standards?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. And is that voice of the AMA also heard in determining which school shall be accredited and which school cannot be accredited, and in what way they shall be accredited or not accredited?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. In other words, they pull a great deal of weight in determining which school shall be accredited and which shall not be accredited, and what the standards shall be. Am I correct?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. You are also familiar with the section of the bill which provides for incentive payment. The incentive payment section of the bill, I am sure you will agree with me, refers only to accredited schools. Am I right?

Dr. HUSSEY. As I recall; yes, sir.

Mr. DINGELL. So that again, the voice of the AMA will be heard as to which schools shall fall within the accredited class, shall be accredited and shall remain accredited after they comply with the incentive payment feature of this bill. Am I correct.

Dr. HUSSEY. Yes, sir

Mr. NEAL. Will the gentleman yield for just 1 minute?

Mr. DINGELL. Doctor, I would be delighted to yield, but I do want to finish my point.

Mr. NEAL. I just want to make one point.

Mr. DINGELL. All right, Doctor.

Mr. NEAL. Is it not true that all of the existing medical schools in the United States are accredited by the American Medical Association?

Dr. HUSSEY. Together with the Association of American Medical Colleges.

Mr. NEAL. That brings out your point there.

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Mr. DINGELL. So that the AMA will have a great deal to say as to which schools shall come into the operation of this incentive feature, will they not?

Dr. HUSSEY. On the face of it, all of the schools being accredited, the fact remains that the incentive feature would include all of the schools.

Mr. DINGELL. But you can take away this accredited stamp that the schools get, with a fair degree of ease, if they fail to comply with the accredited standards. Am I right or wrong on that?

Dr. HUSSEY. You are wrong on that sir.

Mr. DINGELL. Do you mean to say that you cannot take away this mark of accredited or not accredited school by sufficient change in its standards up or down?

Dr. HUSSEY. You said with ease.

Mr. DINGELL. Well, you can do it, can you not?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. And it does not take too long to do it. Am I right?

Dr. HUSSEY. No, I think you are wrong, sir. The facts that bear on this are these: The accreditation of a medical school, for all practical purposes, is a necessity for its operation. A medical school not accredited, as I see it, could not survive in these United States today.

Mr. DINGELL. So this means that schools are going to be extremely careful in preserving the status that they have as an accredited school. Am I right?

Dr. HUSSEY. Yes, indeed.

Mr. DINGELL. And it gives the AMA and the other bodies that pass on whether or not they are accredited a tremendous lever in seeing to it that they comply with the standards that the AMA feels are proper for a medical school. Am I right?

Dr. HUSSEY. That lever exists; yes, sir.

Mr. DINGELL. And it is an enormous lever, is it not?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. Because, as you say, the school ceases to exist if it fails to be accredited. Is that not right?

Dr. HUSSEY. That is right.

Mr. DINGELL. So that the AMA will have a tremendous lever to apply to all of the medical schools in the country and the new medical schools which may or may not be constructed under this section, under this incentive section of H. R. 7841, by just the use of this lever, whether they shall be accredited or not. Am I right on that, Doctor?

Dr. HUSSEY. Yes, you are right.

Mr. DINGELL. So in effect, would it be fair to say that the fears that you pronounce this morning are maybe not so well bottomed in fact, but are sort of a hysterical fear of what you might call socialized medicine. Am I right, Doctor?

Dr. HUSSEY. No, sir. This has no part to play in it.

Mr. DINGELL. You in the AMA are going to have a lot to say about whether schools will remain accredited, are you not?

Dr. HUSSEY. I have already answered that question. Yes.

Mr. DINGELL. You certainly did, and I believe you answered yes, did you not, Doctor?

Dr. HUSSEY. Yes.

Mr. DINGELL. Let us go a little bit further here.

The AMA is certainly going to be represented in the Council on Medical and Dental Educational Facilities, are they not?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. And that other body is going to have a say as to whether a school shall come within the provisions of section (c). Am I right on that?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. Again, this gives the AMA, in effect, two votes as to whether or not a school is keeping up to the high standards that the AMA says a school should have.

I want to say I agree with you; they should keep them up.

Am I fair in that statement?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. So actually, under this, not only do you get the existing lever which you have, seeing to it that schools sustain the standards required to be accredited, but you will have an additional lever which will be available for you to see to it that the schools maintain the standards that you think they ought to maintain under section (c). Am I right, sir?

Dr. HUSSEY. Yes, sir.

Mr. DINGELL. So again I say to you, is it not a fair statement, Doctor—and I hope you will be fair with me—to say that maybe this fear that you have that this incentive feature will mean a breaking down in the standards that you think medical schools ought to maintain, is a little bit unfounded or pretty substantially unfounded? Would you not say that, Doctor, to be fair with me now?

Dr. HUSSEY. No, sir.

Mr. DINGELL. In other words, you are just going to stick with that, are you, in spite of the fact that I have shown you two instances in which you will be able to say a great deal about whether or not they maintain the standards?

Mr. WILLIAMS. Will the gentleman yield?

Mr. DINGELL. Yes.

Dr. LYONS. I would like to introduce a question into the record. The question is: Who is in a better position to judge and control the standards leading to accreditation of schools of medicine and schools of dentistry than physicians or dentists, respectively?

Mr. WILLIAMS. I think the question answers itself, although you may disagree with it.

Mr. DINGELL. I thoroughly agree with you, Dr. Lyons, but would you say this deprives the doctors and dentists who have any power to determine which medical or dental school shall be accredited?

Dr. LYONS. No, but you very definitely give me the impression that in your judgment, the American Medical Association is not qualified to establish standards and judge the quality of its institutions of medical education.

Mr. DINGELL. I would like to disabuse you of that misimpression right at this point, Doctor. I would like to state one of the reasons why I was questioning Dr. Hussey here was so that the good doctor would understand that maybe his fears do not have so much basis in fact. I showed him that not only is the AMA going to have a chance under existing practices to say what schools shall be accredited, but in addition to this, they will be able to have another lever to maintain

their fixing of standards over medical schools under the incentive feature of the Fogarty bill.

Dr. LYONS. I am sorry, but I got the definite impression you were judging the wisdom of that.

Mr. DINGELL. Returning to Dr. Hussey again:

Doctor, in view of the fact that this is going to give you another lever to determine what schools are accredited or not, do you not think that maybe your fears are a little bit unfounded on this section?

Dr. HUSSEY. I come back to the same point of principle, sir, that the expansion of enrollment within the schools should be judged realistically by that school, in terms of its own facilities, faculty, and so forth, and that to provide an incentive in terms of dollars for that purpose, in my opinion, and in the opinion of the American Medical Association, is undesirable.

Mr. DINGELL. You mean in the views, in the opinion of the house of delegates of the American Medical Association? Is that what you are telling me?

Dr. HUSSEY. This opinion would be based upon past actions and attitudes of that house of delegates; yes, sir.

Mr. DINGELL. Thank you, Mr. Chairman.

Mr. WILLIAMS. Mr. Rhodes.

Dr. DARLEY. Mr. Chairman?

Mr. WILLIAMS. Dr. Darley.

Dr. DARLEY. I think this would be helpful to the committee, to know that the accreditation function that is performed jointly by the AMA and the Association of American Medical Colleges, is much more than just a police action. It is our object to work together, visiting the schools periodically, and advise them so that they keep their standards up as they go along. It is our purpose to see to it that no school gets in the position where its accreditation is threatened. We want to be helpful all along the way.

Mr. WILLIAMS. And you will be able to continue that practice under this bill, H. R. 7841?

Dr. DARLEY. Yes. They would certainly have to.

We have one more witness if there is time, Mr. Chairman.

Mr. WILLIAMS. Doctor, I think Mr. Rhodes had a question he wanted to ask, and then, since it is 12:10 now, I thought that we would discuss a schedule for the afternoon after Mr. Rhodes completes his question.

Mr. RHODES. Mr. Chairman, I was interested in the statement by Dr. Lyons that the dental association was concerned about the ratio of dentists to population. I want to commend the association and also Dr. Lyons for their stand on this question of providing adequate dental service for the American people.

I would like to ask of Dr. Hussey, what is the ratio of doctors to population in the United States today?

Dr. HUSSEY. This has been stated earlier, sir, to be about 1 to 730.

Mr. RHODES. What do you think it should be in order to provide adequate service to the people in line with the great advances that we have made in the field of medicine and science?

Dr. HUSSEY. In terms of the present knowledge, this ratio is satisfactory, sir.

Mr. DINGELL. To whom, to Dr. Hussey?

Dr. HUSSEY. To the people, sir.

Mr. WILLIAMS. Will the gentleman yield at that point?

That ratio includes specialists, Public Health Service people, and medical doctors of every type and kind, does it not?

Dr. HUSSEY. Yes, sir.

Mr. WILLIAMS. And is it also not a fact that there are more doctors practicing in specialized fields now than there are general practitioners?

Dr. HUSSEY. No, I think not. I think there are still more general practitioners.

Mr. WILLIAMS. I wonder if you could give us that ratio.

Dr. HUSSEY. I do not have the ratio, sir.

Mr. NEAL. It is a well established fact, though, that the general practitioners are increasing in proportionate numbers to the specialists. Is that not true now?

Dr. HUSSEY. Yes, sir. This is a swing of pendulum, as it were.

Mr. WILLIAMS. The trend toward specialization has reversed itself, has it?

Dr. HUSSEY. Yes, sir.

Dr. LYONS. Mr. Chairman?

Mr. WILLIAMS. Mr. Rhodes, would you yield to Dr. Lyons?

Mr. RHODES. Certainly.

Mr. WILLIAMS. Dr. Lyons.

Dr. LYONS. I did not quite have an opportunity to finish my statement, and I would like to add about two more sentences.

Despite the fact that the dental schools, from their own resources and local resources, in the past 10 years have spent approximately $61 million on facilities, the dental school facilities are wearing out faster than they are being remodeled or replaced, and American dental education is faced with two alternatives: One, to do an inadequate job of preparing numbers of dental students, and forgetting about national needs as well as local needs; or, on the other hand, seeking additional support beyond that of their own and local levels to do a better job.

If you want to call knocking at the Federal Treasury the lesser of the two evils, I guess that applies. But dental education is interested in meeting local needs and national needs, and to that end it feels justified in asking for Federal support for the construction of facilities in order that it may meet its challenge and what it believes to be its responsibility.

Dr. RAULT. Mr. Chairman, may I just say one statement, please?

Mr. WILLIAMS. Mr. Rhodes was waiting to ask a question.

Mr. RHODES. That is all right, I yield.

Dr. RAULT. This is in relation to the expansion of facilities.

Mr. Flemming, the Director of Defense Mobilization, in a report in 1954 entitled "Mobilization and Health Manpower," predicts shortages will continue to exist in dentistry.

The number of dental school graduates has risen from 1,750 in 1940 to 3,000 in 1954 and is expected to reach 3,200 by 1960. Our population, the report points out, will increase by 9 percent by 1960, but the number of dental graduates by but 5 percent.

A major factor in the current and expected shortage of dentists is the disproportionately small share of dentists in their early thirties and early forties. As compared to 38 percent of the physicians, over 45 percent of the Nation's dentists are 50 years of age or older.

Mr. RHODES. Dr. Hussey, from what you said, I would believe that you think we have adequate medical service today for people and a sufficient number of doctors to take care of the needs and demands of the time.

Dr. HUSSEY. With the exception of problems that arise because of distribution. These have already been touched upon.

Mr. RHODES. Could you tell us how the ratio of doctors to the population in the United States compares to the ratio in other leading countries?

Dr. HUSSEY. I am sorry, I cannot. The United States is in quite a favorable position in that regard. I have heard these ratios quoted for other nations and was impressed with that thought.

Mr. WILLIAMS. Doctor, any answer to that question would necessarily have to be modified to the extent that the standards of the other countries are or are not comparable to our standards, would it not?

Dr. HUSSEY. Yes, sir.

Mr. RHODES. Dr. Hussey, in taking your stand on this legislation today, are you in the AMA setting a precedent?

Dr. HUSSEY. In the sense you mean, sir, that we are supporting a Federal contribution for construction?

Mr. RHODES. Yes.

Dr. HUSSEY. As I recall, although I would have to get from someone who would have a better recollection of it than myself, information that bears on that construction of hospitals under the Hill-Burton activity, I think this is an analogous construction.

Mr. RHODES. Could you name any Federal legislative program for advance in this particular field that has been supported by the AMA?

Dr. HUSSEY. I mentioned the Hill-Burton construction of hospitals.

Mr. RHODES. Is that all that you have in mind at the present time?

Dr. HUSSEY. This bill has been supported by the AMA; that is, not this bill, but similar legislation has been supported by AMA on previous occasions. Two years ago was an instance.

Mr. WILLIAMS. Doctor, is your house of delegates divided on this principle?

Dr. HUSSEY. I am sure it is. There is division of opinion of a healthy sort on the development of any principle for our activity.

Mr. WILLIAMS. How many members do you have in the house of delegates?

Dr. HUSSEY. Approximately 200.

Mr. WILLIAMS. Did the house of delegates take a vote on supporting the principle of Federal aid to medical school construction?

Dr. HUSSEY. Yes, sir.

Mr. WILLIAMS. Are you in position possibly to give us the proportion of the vote or the results of that vote?

Dr. HUSSEY. This information could be provided. I do not have it at the moment.

Mr. WILLIAMS. I think the committee would like to know the degree of opposition to the principle of Federal aid to medical schools that exists in the house of delegates.

I would like to ask also if your entire association has ever been given an opportunity to express its views in this regard.

Dr. HUSSEY. By a poll?

Mr. WILLIAMS. Yes, sir.

Dr. HUSSEY. No, sir.

Mr. WILLIAMS. Then, the position that you advocate here, of course, is that of the majority of the members of the house of delegates, consisting of some 200 doctors?

Dr. HUSSEY. Yes, sir.

Mr. WILLIAMS. And of necessity, it would be 100 plus.

Dr. HUSSEY. Yes, sir.

Mr. WILLIAMS. It is now 12:20. Obviously, we are going to have to adjourn.

Are there any further questions?

Would it be convenient for you gentlemen to come back this afternoon?

Dr. DARLEY. Dr. Sterling, you have to leave?

Dr. STERLING. I believe about 2:30.

Dr. DARLEY. I would suggest that Dr. Sterling send a letter to you, Mr. Williams, as chairman, expressing the points he would have made in testimony, and that we continue the hearing in the morning.

Mr. WILLIAMS. If the members would like to stay, we could continue until we have a rollcall and hear Dr. Sterling.

(At this point the rollcall bell sounded.)

Mr. WILLIAMS. It is too late for that now.

I understand, Doctor, that you were planning for the panel to come back tomorrow.

Dr. DARLEY. Yes.

Mr. WILLIAMS. Let me ask you whether Dr. Rubin is here.

(A gentleman in the audience rose.)

Mr. WILLIAMS. Julia Thompson?

(A lady in the audience rose.)

Mr. WILLIAMS. Dr. Armistead? Is he here? Or Dr. Kingman?

Mr. J. A. MCCALLAM (local representative, American Veterinary Medical Association). May I answer? They are scheduled tomorrow morning and will not arrive until this evening about 7:30 or 8 o'clock.

Mr. WILLIAMS. Who is that?

Mr. MCCALLAM. Dr. Armistead and Dr. Kingman of the American Veterinary Medical Association.

Mr. WILLIAMS. Then this afternoon, I will ask Mr. Rubin, or Dr. Rubin, whichever it is, and Miss or Mrs. Thompson, as the case may be, if you could appear this afternoon, if it would be convenient for you to appear then.

Miss THOMPSON. Yes, sir. What time, Mr. Chairman?

Mr. WILLIAMS. I would think perhaps 2 o'clock.

Would you say so, Doctor?

Mr. NEAL. Yes.

Mr. WILLIAMS. About 2 o'clock.

Well, inasmuch as we would have only the two witnesses this afternoon, I think we could delay it until 2:30, if that is satisfactory with the members of the committee.

Would that suit your convenience?

Then, when the committee adjourns, we will adjourn to meet again at 2:30 this afternoon.

At this point, I think perhaps an apology is due Dr. Hussey for having to be the target of all the hot potatoes this morning. But I think the fact that you have announced yourself as spokesman on

this matter for the American Medical Association explains the situation.

Dr. HUSSEY. I understand.

Mr. WILLIAMS. I think you are the natural target, of course, as you probably expected to be.

I do hope that we have stayed within the bounds of propriety, though, in our interrogation of you, Doctor.

Dr. HUSSEY. Yes, indeed.

Mr. WILLIAMS. We will adjourn until 2:30 this afternoon.

(The following letter was later received for the record:)

HARVARD SCHOOL OF PUBLIC HEALTH,
Boston, Mass., May 13, 1958.

HON. JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee, Committee on Interstate and Foreign Commerce, House Office Building, Washington, D. C.

DEAR CONGRESSMAN WILLIAMS: On behalf of the Association of Schools of Public Health, I submit for the hearing record the following information to supplement the testimony given by Dr. Ernest L. Stebbins at the subcommittee hearing on April 22, 1958, regarding the construction needs of the 11 accredited schools of public health.

School	Type of construction	Estimated cost
California	New construction and expansion of existing facilities	$1,000,000
Columbia	Expansion of school, and purchase and rehabilitation of research unit	700,000
Harvard	New wing and rehabilitation of existing facilities	4,000,000
Johns Hopkins	2 annexes to present building	3,000,000
Michigan	Expansion of school	4,500,000
Minnesota	New biomedical library and new Laboratory of Physiological Hygiene	2,250,000
North Carolina	New building	1,500,000
Pittsburgh	Additional facilities	250,000
Puerto Rico	New building	1,000,000
Tulane	New construction and expansion of existing facilities	750,000
Yale	do	2,000,000
Total		20,950,000

Without matching funds in some form of Federal aid, none of the schools is able to finance this necessary construction which would enable them to improve and expand their programs of teaching and research and to increase student enrollment.

With best wishes.

Sincerely,

HUGH R. LEAVELL, M. D., Dr. P. H.,
Professor of Public Health Practice and Assistant Dean.

(Whereupon, at 12:25 p. m., the hearing adjourned for lunch, to reconvene at 2:30 p. m.)

AFTERNOON SESSION

Mr. WILLIAMS. Is Dr. Rubin here?

Will you come up to the witness table, please?

I believe you have a prepared statement which has been passed around to the members?

Mr. RUBIN. Yes, Mr. Chairman.

Mr. WILLIAMS. You may proceed, Doctor.

STATEMENT OF DR. ABE RUBIN, SECRETARY AND EDITOR, AMERICAN PODIATRY ASSOCIATION

Mr. RUBIN. Honorable chairman and members of the Subcommittee on Health and Science of the House Committee on Interstate and Foreign Commerce, I, Dr. Abe Rubin, secretary and editor of the American Podiatry Association—known from 1912 to 1958 as the National Association of Chiropodists—speak as the executive officer of our professional association. I believe I also can speak with some knowledge of our schools and colleges, having come to my present position less than 3 years ago from a position of administrator and educator in one of our colleges, on whose staff I served between the years 1937 to 1955, less war service.

Almost 20 years ago, a published medical opinion, Report of the Judicial Council, Journal of the American Medical Association, April 8, 1939, page 1384, was that our profession fairly well satisfies a gap in medical care that the profession has failed to fill.

The opinion also implied that too often the doctor of medicine neglected the field of foot care. In 1956, a published paper, Interesting Facts About Feet, D. M. MacBane, Journal of the American Geriatrics Society, 4: 1121–1125, 1956, called to the attention of our Nation's doctors of medicine interested in geriatrics that the Cope Report—Great Britain—agreed with representatives of the British Orthopedic Association that members of our profession should be available in both inpatient and outpatient departments in every general hospital, and especially in departments treating diabetic, orthopedic, dermatologic, and rheumatic patients.

The paper went on to state that there would be an increasing demand for podiatry-chiropody services as geriatric work continued to develop.

The two citations have been made to indicate the professional reinforcement of the public's recognition of the ever-increasing need for members of our profession.

None of our institutions are supported, even in part, by any public funds although one school, Temple University School of Chiropody, 1810 Spring Garden Street, Philadelphia, Pa., has available State senatorial scholarships. The schools have been able to come as far as they have because of the sacrificing efforts of their staffs, almost all of whom devote long hours to their institution with little or no salary.

The rank and file practitioner has been called upon to support our institutions financially.

At this point I would like to interject that in preparing this statement I omitted of course the numerous philanthropies that are helping to support the schools.

Mr. WILLIAMS. Doctor, you are free to add anything you would like to the statement.

Mr. RUBIN. I just happened to notice I omitted that.

In common with all academic institutions, we are reaching the financial breaking point. Funds that had been set aside to provide for expansion, development, and modernization of physical plants have had to be tapped in order to simply maintain standards. In one instance, during the few years it took to complete a building fund cam-

paign, the cost of the construction had doubled so that the proposed building is still in the blueprint stage.

The present total enrollment of our schools is at a low point. By 1961 our schools' capacities will have reached the straining point.

Our profession has been remarkably independent and is very proud of its growth and development. However, because of the present increasing demands and needs for competent professional foot care, and because we recognize that we perform a scioeconomic and medically significant health service, we must now seek public funds for our schools. Our 6 schools provide all the practitioners for the 48 States, the District of Columbia, and the Territories of Hawaii, Alaska, and Puerto Rico. Therefore, we appeal for the same consideration projected for other schools of medical sciences accredited by an agency recognized by the Office of Education of the Department of Health, Education, and Welfare.

Our colleges have estimated that $470,000 in matching funds will be required just to bring our present physical plants up to date, and an additional $1,520,000 to expand the institutions to the capacity which we feel capable of filling and serving competently.

It is our belief that the above statement justifies our petitioning you to modify the bills you are considering, H. R. 6874, H. R. 6875, and H. R. 7841, to provide funds for podiatry-chiropody institutions in the best interests of our Nation's foot health and its impact on the general health and economy of our country. It would please me to be of service to you by attempting to answer any question you might raise. If I cannot answer your questions, I will make a note of them and endeavor to provide a satisfactory reply by letter to your committee.

Before I close, however, I would like to suggest a totally different reason for your inclusion of funds for our institutions in the bills under consideration. The following thoughts may be premature by a decade or two in the view of the many, but some are beginning to face up to the problem.

Medical arts and sciences are becoming increasingly complex. This complexity will increase the amount of knowledge required by physicians. This problem cannot be met by simply adding a few more years of instruction in general medicine and in the specialities as this will continue to compound the presently justifiable mounting costs of medical care, as well as remove numbers of qualified individuals from the opportunity to proceed with medical training.

Medicine is facing this problem in that a few of its schools are instituting programs of training requiring fewer years. Dentistry and the podiatry-chiropody profession have shown that in a specific field a specialized profession can flourish, develop, and provide a needed special service to the satisfaction of everyone.

Perhaps medicine can adapt its philosophy and curriculums along these lines.

The basic medical sciences taught in medical, dental, and podiatry-chiropody schools resemble each other remarkably. It would seem to the speaker that with relatively small outside financial support and with some leadership, guidance, and assistance from medicine—of which we presently avail ourselves—our institutions in the next 10

years might provide experience for expansion of this concept—with appropriate modifications—to other areas of medical practices.

I thank you for your kind consideration.

Mr. WILLIAMS. Thank you very much, Dr. Rubin.

Are there any questions?

(No response.)

Mr. WILLIAMS. Dr. Rubin, as I indicated this morning, I am extremely doubtful of the wisdom of providing for Federal aid to any field of education. However, I personally think—and this is my own opinion—that if this legislation should be reported, that you have made an excellent case for your profession.

Mr. RUBIN. Thank you, sir.

(Discussion off the record.)

Mr. WILLIAMS. Back on the record.

Generally, what are the educational requirements for entry into a school of podiatry?

Mr. RUBIN. Two years of prechiropody, very similar to premedical training, and then 4 years in the professional school itself.

Mr. WILLIAMS. It is a 4-year course?

Mr. RUBIN. After the 2 years of "pre" from the arts and sciences.

Mr. WILLIAMS. So, starting out from the high school, it requires 6 years to become a qualified podiatrist.

Mr. RUBIN. That is right. In some areas it will require an extra year of internship also.

Mr. WILLIAMS. Do you have associations in all of the 48 States?

Mr. RUBIN. Yes, sir; we do.

Mr. WILLIAMS. In the same manner that the American Medical Association has?

Mr. RUBIN. That is correct. We have 48 States, the District of Columbia, the Territories of Hawaii and Puerto Rico. We have affiliated State societies.

Mr. WILLIAMS. And your association, I presume, sets the standards for admission or licensing in each of the States?

Mr. RUBIN. We have—no. We have a council of education which accredits the schools. Each of the States and the Territories has its own board of examination for licensing. In many cases this is also a part of the medical licensing board.

Mr. WILLIAMS. If there are no other questions, we thank you very much.

Mr. NEAL. I wonder if the board wouldn't explain why it is that today, with all the scientific shoe fitting and better protection of the feet, why is it that we require so many more men of your profession as compared to the old days of stone bruises and bunions?

Mr. RUBIN. Well, I taught for a number of years, and I would like to, if this is pertinent, explain what I believe is the reason for this.

Our foot fundamentally was evolved in an environment with a rough underground surface, not necessarily hard or soft, but uneven. In that way, the stress was dispersed over all parts of the foot.

In our highly cultivated civilization today, we have flat surfaces, all of them being flat. And in this way the stresses tend to become concentrated in the individual foot.

The shoe then becomes a protection for that, but it can not do all of the work that is necessary to redistribute the stresses, since the

shoes are made on a standard last and feet are completely individual. Much work is being done today to produce devices for the individual which will make the foot fit exactly to the shoe and in this way distributing the stresses properly.

These are constructed in a similar manner that many dentures are made, made to exact impressions of the feet, and then made to fit the shoe exactly.

So that you get even distribution of stress.

Mr. NEAL. There is a certain amount of overlapping between the treatment administered by you as a chiropodist and the treatment administered for various foot deformities and so on by the orthopedist; is that true?

Mr. RUBIN. That is quite true. Many of our people are associated with orthopedic surgeons. They work together.

Mr. NEAL. Yours is more an application of the orthopedic theory.

Mr. RUBIN. In general, that would be true. We have more to do with strictly the architecture of the foot. We have problems relative to the aspects of the foot such as determology and medical relationships in general that are not completely orthopedic. So we have other—in fact most of work in hospitals today is in orthopedic and periphical vascular departments where our efforts can reduce the mortality and morbidity of patients and also reduce the number of inpatient visits of these people who have these chronic diseases.

Mr. NEAL. To quote my wife, I would say your group of people are quite successful in relieving human suffering.

Mr. RUBIN. I believe we are. I myself studied mine before I came to this field. I honestly believe we have a much wider opportunity here to do service than is present in many fields.

Mr. NEAL. That is all. Thank you very much.

Mr. WILLIAMS. Dr. Rubin, you mentioned in your statement that there are six schools of podiatry in the country?

Mr. RUBIN. That is correct.

Mr. WILLIAMS. You mentioned that only one was supported to that extent. That would be Temple University.

Mr. RUBIN. I might amplify that.

Mr. WILLIAMS. Before you amplify on the Temple University situation, would you list the other schools for us and let us know whether they are profit or nonprofit institutions?

Mr. RUBIN. They are all nonprofit, sir. All are nonprofit, sir. The New York College of Podiatry is one. And until recently it was part of the Long Island University. But Long Island University was having financial difficulties, and they were going to close our school.

So our men decided they had better keep it open.

They are doing that on their own now.

The Temple School which has been mentioned. The Hoy School of Chiropody. The Illinois College of Chiropody and the Chicago College of Chiropody, the latter two being in Chicago. And the California College of Chiropody in San Francisco.

Mr. WILLIAMS. Now, is the chiropodist licensed or permitted to go into the foot and operate on bone structure?

Mr. RUBIN. Yes, sir, in most instances he is, sir.

In fact, most of us have narcotic licenses also.

Mr. WILLIAMS. But your practice is limited entirely to the foot itself; is that right?

Mr. RUBIN. That is correct. We are primarily and only concerned with the care and health of the foot.

In fact that is one of the reasons that we have changed from chiropody-podiatry since the word "podiatry" refers specifically to the foot and chiropody refers also to some service to the hand, which we as an association do not consider part of our field.

Although in some States our members may perform services on the hand.

Mr. WILLIAMS. Any further questions?

(No response.)

Mr. WILLIAMS. Thank you very much, Doctor.

Mr. RUBIN. Thank you, gentlemen.

Mr. WILLIAMS. The next witness is Miss Julia C. Thompson, Washington representative of the American Nurses' Association.

STATEMENT OF MISS JULIA C. THOMPSON, WASHINGTON REPRESENTATIVE OF THE AMERICAN NURSES' ASSOCIATION

Miss THOMPSON. Mr. Chairman, and members of the committee, I am Julia C. Thompson, Washington representative of the American Nurses' Association, and I am here to present a statement on H. R. 7841.

The American Nurses' Association is the national organization of registered professional nurses with over 181,000 members in 54 constituent State and Territorial associations. The major purposes of the organization are to improve the practice of nursing and to promote the welfare of nurses to the end that all people may have better nursing care.

The American Nurses' Association urges early and favorable consideration of H. R. 7841 with the addition of provisions for support of graduate programs in nursing.

This amendment has been discussed with Congressman Fogarty and he has no objection to its inclusion in the legislation.

For reasons well known to this committee, the demand for health personnel has greatly increased throughout the Nation. There is every reason to believe that the demand for physicians, dentists, nurses, and public-health personnel will continue to increase in the years ahead.

Unless Congress acts to provide financial assistance to the schools which prepare professional health personnel, the present shortages will become more acute. The schools need assistance now in order that they may expand to admit and educate the growing number of students seeking higher education in the health professions.

In view of the needs for health personnel, provision should be made for training all those with the interest and the ability to enter this field.

The American Nurses' Association believes the Congress should act at this time to provide Federal grants for construction of facilities for graduate education in nursing, as well as to provide grants for construction of education and research facilities for medicine, dentistry, and public health.

Nursing is an essential part of the health services of this country. Modern preventive and curative services would not be possible without nursing personnel.

The demand for nurses has increased along with the growth of hospitals and other health agencies. Shortages are especially acute in those complex areas of nursing practice for which higher education is required; namely, teaching, administration, supervision, research, specialized clinical practice, and consultation.

At least 10 percent of the positions in nursing invodve responsibilities which require education on the master's and doctoral level.

Enrollments in these programs have materially increased since the enactment of the Health Amendments Act of 1956. This legislation has already made a substantial contribution toward increasing the number of prepared teachers, administrators, and supervisors of nursing.

The number of full-time students enrolled in master's degree programs rose from 559 in 1955 to 910 in the fall of 1956. This increase was due, in large part, to the traineeship provisions in Public Law 911. It should be remembered, however, that the law provides for grants to qualified students, but makes no provision for financial aid to the schools for either administrative or instructional costs.

If we are to meet the reasonable estimate of need for 300 registered professional nurses per 100,000 population by 1965, and if 13 percent of nurses are to be adequately prepared for positions in teaching, administration, supervision, research, consultation, and specialized practice, there must be at least 5,200 nurses graduating from advanced programs by that time. With the present enrollments we can expect no more than 800 students to graduate from master's programs each year.

In November 1956, the National League for Nursing requested information from the graduate programs in nursing as to their capacities to expand to meet future needs for this type of nursing education.

The study revealed that the graduate programs could now accommodate approximately 900 more full-time students, thus increasing annual graduations by 600. With an increase in eligible candidates coming out of baccalaureate programs, and with additional scholarship aid for students, no more than 1,400 annual graduations from master's programs can be expected with the present facilities.

This is far short of the need for 5,200 annual graduations by 1965.

Educational facilities for advanced study in nursing must be greatly expanded. Unless Congress acts to further support graduate education in this field, the deficit in professional nurses prepared for teaching, administration, supervision, research, consultation, and specialized clinical practice, which deficit is now critical, will increase at a time when the demands for these services are growing at a rapid rate.

The problem is so serious as to require action by the Federal Government at this time.

The American Nurses' Association urges your favorable consideration of H. R. 7841 with the addition of appropriate provisions for support of graduate programs in nursing.

This association recommends that section 801 (c) be revised to read:

It is, therefore, the policy of the Congress to provide funds for construction of health educational and research facilities for our public and nonprofit medical, dental, and public-health schools, and for graduate programs in nursing, thus insuring the continued production of an adequate number of properly qualified and trained physicians, dentists, nurses, teachers, and research scientists.

We recommend that section 802 define the term "graduate program in nursing" to mean: A program in a university or college which provides training in nursing leading to a master's or higher degree approved or accredited by a recognized body or bodies approved by the Surgeon General after he has obtained the advice and recommendation of the Federal Council on Health Educational Facilities.

We recommend that section 803 provide for the appointment of a nursing leader to the proposed Federal Council on Health Educational Facilities.

The American Nurses' Association further recommends that section 804 provide for grants-in-aid to graduate programs in nursing in the sum of at least $14 million; no grant to be made to any one school in excess of $1 million. The appropriate inclusion of graduate programs in nursing is indicated in the remaining sections of the bill, as well as the inclusion of nursing in the stated purpose of the bill.

On behalf of the members of the American Nurses' Association, I request that this statement be included in the record of this hearing along with the attached article Educational Resources for the Preparation of Nurses—Part 2: Preparation for Advanced Positions in Professional Nursing, Nursing Outlook, February 1958.

Thank you very much.

Mr. WILLIAMS. You want to insert in the record, in addition to your statement, certain material. Is that the material that is attached to the statement?

Miss THOMPSON. Yes.

Mr. WILLIAMS. Or is that the material that is included in the brochure?

Miss THOMPSON. No. It is only the statement attached to the testimony.

The material in the booklet is only for your use in studying the needs.

Mr. WILLIAMS. Fine.

I will suggest that this be accepted by the committee, of course, for its files. And your statement and the attachment to the statement will be included in the hearings.

(The material referred to above follows:)

[Distributed by American Nurses' Association, New York, N. Y.]

EDUCATIONAL RESOURCES FOR THE PREPARATION OF NURSES

PART 2. PREPARATION FOR ADVANCED POSITIONS IN PROFESSIONAL NURSING[1]

Between the fall of 1955 and the fall of 1956 the number of full-time students in master's degree programs which prepare for leadership positions in nursing rose from 559 to 910, an increase of 63 percent. This is a giant step toward solving one of the most serious problems in nursing—the shortage of adequately prepared administrators, supervisors, teachers, consultants, and nurse specialists.

Many factors have contributed to this increase, including the eagerness of nurses to prepare themselves for the advanced positions which they are holding or toward which they are aiming; the growth, both qualitative and quantitative, in the facilities for graduate education in nursing; the enlargement of the reservoir of potential master's degree students—graduates from baccalaureate degree programs, and the increasing recognition, on the part

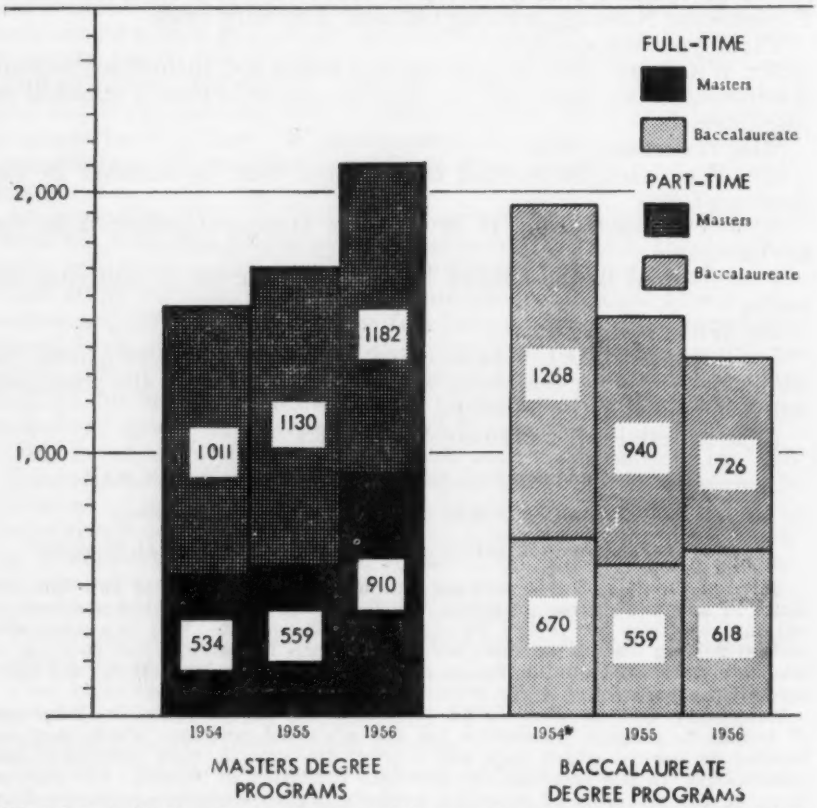
[1] Part 1 of this report, Preparation for Beginning Positions in Professional Nursing, appeared in the January issue. The entire report was prepared by NLN's Division of Nursing Education.

of employers of nurses, of the value of advanced training for those in leadership positions. Despite these favorable influences, however, until 1956 enrollments in master's degree programs failed to reach the 2,000 mark (fig. 1). Because two-thirds of these enrollments represented students engaged in part-time study, annual graduations were even lower than the enrollment data might lead one to expect, never topping 550 (table 1). This high percentage of part-time enrollments pointed toward one of the biggest obstacles to the growth of graduate education in nursing—the financial inability of many nurses to undertake even a year's study on a full-time basis.

FINANCIAL AID FOR STUDENTS

If there were any doubts that the real bottleneck has been an economic one, the passage of Public Law 911 in August 1956 quickly dispelled them. Under title II of this law, Federal funds amounting to $2 million were made available during the year 1956–57 for traineeship grants to nurses preparing for administrative, supervisory, or teaching positions. Not one dollar went begging; all $2 million were put to immediate use for full-time study by 471 nurses—307 in master's degree programs, 11 in post-master's programs, and 153 in baccalaureate degree programs.

Figure 1. Full-Time and Part-Time Enrollments in Masters and Baccalaureate Degree Programs Which Prepare for Advanced Positions in Nursing, Fall 1954, 1955, 1956



*120 students in baccalaureate degree programs which prepare for school nursing, formerly counted as students preparing for advanced positions now included among students preparing for beginning positions.

TABLE 1.—*Graduations from master's and baccalaureate degree programs in nursing which prepare for advanced positions, academic years 1951–52 through 1955–56*

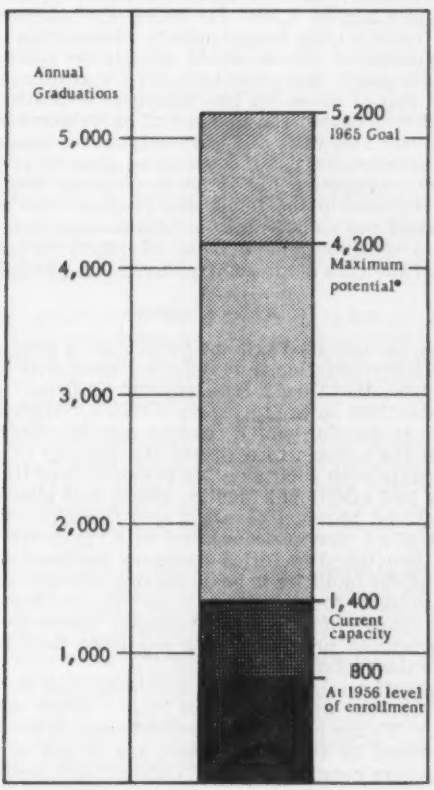
Academic year	Total	Master's degree	Baccalaureate degree
1955–56	1,013	546	467
1954–55	1,044	519	525
1953–54	1,064	549	515
1952–53	1,305	491	814
1951–52	1,533	491	1,042
1950–51	1,449	324	1,125

For the last few years Federal assistance has also been available to graduate nurses preparing themselves in psychiatric and mental health nursing, in material and child health nursing, or for practice in a wide variety of rehabilitation programs in addition during the academic year 1956–1957, under the National League for Nursing's fellowship program, awards were made to 13 nurses for full-time study in masters degree programs and to 21 for study at the post-masters level. All these programs of financial aid have contributed to that 63 percent increase in full-time masters degree students.

FUTURE NEEDS

This rise in enrollments at masters degree programs is not of course, reflected in the graduations data for the academic year 1955–56. The prediction might be made, however, that if enrollments were to stay at their 1956 level, an annual graduations figure of 800 would be expected.

Fig. 2. Potential Capacity of Masters Degree Programs in Nursing (in terms of Annual Graduations)



*With additional faculty, classroom, offices

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While the figure of 800 annual graduations appears like a high peak in contrast to the previous 500–550 plateau, it shrinks to a low hill when placed beside our 1965 goal of 5,200 annual graduations (fig. 2). This goal is based on estimates of a future need of 300 professional nurses per 100,000 population. In calculating this estimate, it was assumed that the current ratio of administrators, supervisors, and teachers to other professional nursing personnel would continue, that is, that 13 percent of professional nurses would continue to be in positions of top leadership (1).

In this report, it is being assumed further that in the future, top leadership personnel will be prepared in graduate programs in nursing (masters or doctoral programs). In the first place, those charged with the preparation of such personnel believe that education at the graduate level is necessary for the heavy responsibilities that they will be expected to carry (2). Secondly, as can be seen from figure 1, such an assumption is in accordance with trends, more and more nurses are seeking preparation for advanced positions in graduate programs, fewer and fewer in programs leading to a baccalaureate degree. While large numbers of graduates from diploma and associate degree programs in nursing are continuing to seek baccalaureate preparation, they are recognizing the value of doing so in programs in which they can broaden and strengthen their foundations in basic nursing. In 1956, there were 9,625 graduate nurses enrolled in baccalaureate degree programs which prepare for beginning positions—seven times the number (1344) who were enrolled at "specialized baccalaureate" programs (3).

These graduate nurses who complete baccalaureate degree programs which prepare for beginning positions, as well as the preservice students who graduate from generic baccalaureate programs in nursing, constitute the reservoir from which future master's degree candidates will be drawn. Will this reservoir be large enough? This question is discussed in the first part of this report (4). It might be pointed out here, however, that in the academic year 1955–56, graduations from baccalaureate and master's degree programs which prepare for beginning positions totaled 4,786—far below the number needed to fill the positions awaiting nurses with baccalaureate preparation and to make up a graduate student population which should shortly be yielding 5,200 graduates a year. Obviously the goals that have been set for graduate education in nursing can be attained only if those for baccalaureate education are achieved, and ways must be found to increase the number of baccalaureate degree graduates.

In the meantime, over half of the nurses studying for master's degrees in 1956 (57 percent) were doing so on a part-time basis, thus delaying the period when they can make their maximum contribution to society. Feelings of satisfaction over the results of traineeship and fellowship programs are natural at this time, but these feelings must not subside into a "rest-on-our-oars" attitude. There is still a great need to continue and increase efforts to secure financial help for present and potential students in graduate programs in nursing.

SCHOOL CAPACITIES

Assuming that enough qualified graduate students in nursing can be mustered to meet the goal of 5,200 graduations annually, will the existing graduate programs be able to accommodate all of them? It was to find an answer to this question that the NLN interim committee on the future, in November 1956, sent a questionnaire to educational units in nursing which conduct master's degree programs. This questionnaire asked the schools to estimate the number of additional students they could accommodate with their existing resources and the number they could take care of if they had additional faculty, offices, and classrooms. These limitations in personnel and physical plant, it was thought, could be overcome by the concerted effort of all who are concerned with the provision of nursing care. On the other hand, the clinical facilities necessary for the study of nursing, whatever the program, and the facilities in basic nursing education which are necessary for programs that prepare for positions in nursing education were regarded as real ceilings on the growth of graduate programs. The extent to which a school could expand its graduate programs with available field instruction facilities was considered to be the "maximum potential."

At the time the questionnaire was sent, 42 educational units in nursing which offered graduate programs were known to NLN. (Two new ones have subsequently been added.) Thirty-nine of these schools responded to the questionnaire.

The answers provided by these 39 schools are shown in figure 2. The estimates in figure 2 are very rough. In the first place, the schools had a difficult time

finding rosy enough glasses to visualize "students unlimited," not to mention the requisite faculty, classrooms, and offices. Secondly, the estimates are presented in terms of annual graduations, whereas the information given by the schools was in terms of enrollment capacity. This translation has been made because goals are usually expressed in terms of grduations, and because any presentation of the data on enrollments is complicated by the large number of part-time students. The formula used was: Annual graduations equal two-thirds fall enrollments of full-time students plus one-sixth fall enrollments of part-time students. While this formula has been reasonably accurate, future events might make unusable. For example, if the average time required for the completion of master's degree programs were to become substantially longer, the ratio of graduations to enrollments would become smaller.

TABLE 2.—*Graduations from master's and baccalaureate degree programs which prepare for advanced positions by clinical and functional speciality, academic year 1955–56*

M = masters. B = baccalaureate

Clinical field	Total			Administration [1]				Supervision		Teaching		Supervision-teaching		Consultation		Nursing practice	
				Service		Education											
	M and B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B
Medical-surgical [2]	181	71	110	----	----	----	----	4	37	57	56	9	8	----	----	1	9
Maternity [3]	27	6	21	----	----	----	----	----	6	4	7	2	1	----	----	----	7
Child care [3]	38	11	27	----	----	----	----	1	8	6	14	2	----	1	----	1	5
Psychiatric-mental health	119	57	62	1	----	----	----	2	7	10	37	21	----	9	----	14	18
Public health	83	74	9	27	----	----	----	27	7	8	2	----	----	----	----	12	----
Other [4]	52	9	43	----	----	----	----	----	----	9	43	----	----	----	----	----	----
General (no clinical specialization)	513	318	195	111	16	119	9	10	29	76	96	2	45	----	----	----	----
Total	1,013	546	467	139	16	119	9	44	94	170	255	36	54	10	----	28	39

[1] The 6 graduates from programs preparing for administration in hospitals and schools of nursing have been divided equally between administration-service and administration-education.

[2] Includes 5 graduates from programs preparing for orthopedic nursing, tuberculosis nursing, and rehabilitation.

[3] The 6 graduates from programs in maternal and child care nursing have been divided equally between maternity nursing and child care nursing.

[4] Includes graduates from programs preparing for teaching, introductory nursing, rural nursing, social sciences, physical and biologic sciences.

Figure 2, then, gives a picture of the challenge that has been put before graduate education in nursing and indicates the extent to which existing graduate schools believe they can meet this challenge. And what a challenge it is. Present enrollments must be increased sixfold, and the current capacity of our educational facilities must almost be quadrupled. All this in 7 years' time. Unquestionably, this is a big task.

Figure 2 also gives some clues about how we can go about meeting this challenge. In the first place, it would appear that existing graduate schools with their current resources can make room for about 900 more full-time students (who would account for 600 graduations annually). There is no reason, then, to slow down efforts toward encouraging and helping nurses to enter masters degree programs.

Secondly, with additional resources the existing graduate schools would be able to expand to about 80 percent of the total capacity needed for the attainment of our 1965 goal. Since it is probably more economical, both facultywise and moneywise, to expand present graduate schools than it would be to establish new ones, major emphasis should be placed on helping existing schools secure the personnel and physical facilities requisite for their expansion.

Thirdly, while there appears to be no need for graduate schools to proliferate in vast profusion, consideration might be given to encouraging the establishment of a few new ones in universities which are engaged in graduate professional education in the health, and related fields.

FIELDS OF SPECIALIZATION

By 1965 a goal of 5,200 annual graduates might be met which would still be far out of line with nursing needs—for examples, too many teachers might be prepared in one clinical speciality; too few supervisors in another. For both the guidance of students and the development of graduate programs, it would be helpful if information about needed leadership personnel could be analyzed according to clinical and functional speciality.

When the information was collected about the number of full-time instructional personnel who would be needed for the expansion of baccalaureat degree and diploma programs (reported in the first part of this report), it was hoped that it would yield some indication of the relative need for faculty members in each clinical field. While the data submitted were suitable for making estimates of the total numbers of faculty needed for expansion, they were not accurate enough for the speciality-by-speciality analysis. Also no data are available about the number of supervisors needed in each of the various clinical specialists except public health nursing. For the moment, therefore, it will not be possible to match needs for specific types of positions against the number of people being prepared for these positions.

TABLE 3.—*Full-time and part-time enrollments in master's and baccalaureate degree programs which prepare for advanced positions by clinical specialty, fall 1956*

Clinical specialty	Total	Percentage of increase or decrease since 1955	Masters		Baccalaureate	
			Full time	Part time	Full time	Part time
Medical-surgical [1]	735	+27	164	213	204	154
Maternal-child	20		10	8	2	
Maternity	64	−29	16	3	27	18
Pediatric	93		26	25	26	16
Psychiatric and mental health	455	+27	190	76	130	59
Public health	314	+5	130	182		2
Other [2] and general [3]	1,755	+1	374	675	229	477
Total	3,436	+6	910	1,182	618	726

[1] Includes students in programs preparing for orthopedic, tuberculosis, and rehabilitation nursing.
[2] Includes students in programs preparing for teaching of introductory nursing, rural nursing, social sciences, biologic and physical sciences.
[3] Includes students in programs preparing for administration and in programs preparing for supervision or teaching which offer no clinical or subject matter specialization.

In the meantime, however, relative emphasis is being given to preparation for various leadership positions. As will be seen from table 2, preparation on the graduate level has been characteristic of only the functional fields of administration and consultation and the clinical field of public-health nursing; most of those who completed preparation as teachers or supervisors in 1955–56 did so in baccalaureate-degree programs. The emphasis on graduate preparation for administrative positions is understandable in view of the responsibilities which administrators in both nursing services and schools of nursing have for guiding other leadership personnel. On the other hand, the development of graduate education for positions more directly connected with clinical practice is prerequisite to progress in the development of the science of nursing itself. Less than half the graduations from masters' degree programs in 1955–56 were from programs that emphasize clinical specialization. It is encouraging to note, therefore, that in the fall of 1956 such clinically focused programs accounted for the majority of full-time enrollments in graduate programs (table 3).

Table 2 also indicates that graduate education has been more characteristic of preparation for positions in nursing education than for leadership positions in nursing service. This is particularly true of supervisory positions which constitute the largest number of leadership positions in nursing. In 1955–56, fewer than 250 persons were graduated from programs which prepare for supervision or supervision-teaching, and about two-thirds of them were graduated from baccalaureate degree programs. Enrollment data for the fall of 1956 show a relatively small number of students preparing for supervisory positions, but more than half of them were doing so in masters degree programs (table 4).

Those who are concerned with progress in a specific clinical field of nursing will wish to study tables 2 and 3 in some detail. Attention might be called to the impact that traineeship and other grants from the National Institute of Mental Health have had on preparation for psychiatric and mental health nursing. Education in this specialty has, to a large extent, shifted to the graduate level, and most of the students are on a full-time basis; at the same time, enrollments have increased 27 percent since the fall of 1955.

TABLE 4.—*Full-time and part-time enrollments in master's and baccalaureate degree programs which prepare for advanced positions by functional specialty, fall 1956*

Functional specialty	Total	Percentage of increase or decrease since 1955	Masters		Baccalaureate	
			Full time	Part time	Full time	Part time
Administration-service	514	+5	180	298	25	11
Administration-education	317	+7	124	193	----	----
Administration-service-education	9	−61	3	1	1	4
Supervision	564	+6	97	197	119	151
Teaching	1,282	+6	315	361	304	302
Supervision-teaching	447	−4	112	98	57	180
Consultation	14	−33	14	----	----	----
Advanced practice	278	+49	54	34	112	78
Other	11	----	11	----	----	----
Total	3,436	+6	910	1,182	618	726

Tables 2, 3, and 4 indicate that at the present there is little danger of an oversupply of people who are preparing for any one type of position. In plans for large-scale expansion, however, note might be taken of the educational resources available for the various types of graduate programs, as well as of the total facilities available.

In their estimates of current capacity, the schools show that they could, with their current resources, accommodate enough students to graduate, annually, 500 people prepared as administrators and 750 prepared for positions which emphasize clinical knowledge in a specific field (table 5). With the addition of faculty and physical facilities, these figures could be increased to almost 1,200 administrative personnel and 2,500 supervisors, teachers, consultants, and clinical specialists.

Will these resources be in line with future needs? Recent data indicate that masters' degrees are held by 80 percent of all administrative nursing personnel in collegiate schools and 41 percent of those in hospital schools (5). These percentages have increased considerably in the past few years (6). As they approach 100 percent, will replacement needs for administrative positions in nursing education total 525 annually?

Study of this and similar questions would seem to be called for in evaluating the suitability of the potential resources for graduate education in nursing. It is possible that such an evaluation would result in a shrinkage of our estimates from 4,200 potential graduations to a smaller number of needed graduations. Such a study would also give some clue as to the type of resources, particularly of a clinical kind, that should be sought in connection with any new graduate schools that might be established.

GEOGRAPHIC DISTRIBUTION

Reference to table 6 indicates that no NLN region can be called impoverished as far as the number of graduate schools of nursing are concerned. While there is considerable disparity in the number of graduations reported for the year 1955–56, with the schools in the Northeast and Midwest accounting for 90 percent of them, graduate schools of nursing in the South are of recent origin and will be reporting larger numbers of graduating students shortly.

There may be concern, however, about the future regional distribution of resources for graduate education in nursing. Will it be desirable, in 1965, for half the top leaders in nursing to be receiving their graduate preparation in one region of the country? This is what is forecast, if only the expansion

potential of existing schools is considered. If new graduate schools are established, their academic and clinical resources will be borne in mind. Consideration might also be given to planning for a more balanced geographic distribution.

TABLE 5.—*Potential capacity (in terms of annual graduations) of master's degree programs in nursing which prepare for various fields*

Field	Potential annual graduations	
	Current capacity	Maximum potential [1]
Administration:		
Hospital	225	525
Public health	50	125
Education	225	525
Supervision, teaching, consultation, nursing practice:		
Medical-surgical	250	750
Maternal-child	150	700
Psychiatric	200	550
Public health	150	475
Unclassified	150	550
Total	1,400	4,200

[1] With additional faculty, classrooms, offices.

TABLE 6.—*Graduations from master's degree programs in nursing which prepare for advanced positions, academic year 1955–56, and potential capacity of these programs by NLN regions*

NLN regions	Educational units in nursing [1]	Actual graduations, 1955–56	Potential annual graduations	
			Current capacity	Maximum potential
Region I (Northeast)	15	342	700	2,100
Region II (Midwest)	14	149	400	1,200
Region III (South)	7	8	100	250
Region IV (West)	6	47	200	650
United States	42	546	1,400	4,200

[1] The University of Minnesota and University of North Carolina have 2 educational units in nursing which offer graduate preparation. These units are counted separately.

PREPARATION OF FACULTY

Although the need for more nurses prepared at the master's level is urgent, it would be a mistake to sacrifice qualitative goals for quantitative ones. Unless graduate programs in nursing are sound ones, attuned to the needs of society, the M.N.'s, M.S.'s, and M.P.H.'s will have the value of counterfeit currency.

Yet the development of sound graduate programs in nursing is no simple matter. In large part, there is no hard-and-fast, dictated-by-tradition body of content or pattern of curriculum. Pioneering is needed by nurses of high-level scholarship—nurses who can visualize the ever-broadening potentials of nursing, and who have the skill to experiment with learning opportunities that are truly graduate in caliber. Without enough faculty members of this type, it would be inadvisable for educational units in nursing to plan for any large-scale expansion.

Of the 39 graduate units which responded to the Interim Committee on the Future's questionnaire, 20 indicated that they had faculty positions that were budgeted for but unfilled; there were 38 of these vacancies. All 39 schools indicated that, if they were to expand to their maximum potential, they would need additional faculty; these needs totaled 415. The preparation of nurses who are qualified to guide master's degree students is, therefore, a high-ranking problem. From looking sideways at the present practices in other fields of

graduate education and forward to the future of nursing, it would appear that the educational qualification of these "top top" nursing leaders of tomorrow would include a doctoral degree.

The 2 educational units in nursing which offer doctoral programs reported 5 graduations in the academic year 1955–56 and 61 enrollments in the fall of 1956. It is not known how many nurses, during this period, received their doctorate or were candidates for it in fields related to nursing, but thanks to the Commonwealth Fund, which has made possible the NLN fellowship program, the number of such students is on the increase. Since 1955, NLN has awarded 51 fellowships for doctoral study and 22 master's degree fellowships that will enable nurses of outstanding ability to lay the foundations for doctoral candidacy. Through fellowship programs such as this, it is hoped that the preparation of faculty members for graduate programs in nursing will keep pace with the growing body of students in these programs.

FINANCING GRADUATE EDUCATION

The problem of expanding faculties in graduate schools of nursing will not necessarily be solved by the preparation of enough people who are qualified to guide graduate students. The effect of faculty expansion on university budgets must be considered, also. Tuition fees seldom, if ever, cover the cost of graduate education, so that increased enrollments in its graduate programs may well mean a financial loss to a university—a loss which it is unable to incur.

All of the graduate units in nursing will need to employ additional faculty if they are to expand to anywhere near the extent called for by 1965 goals. Not one of the deans in these educational units was hopeful that the salaries for these new faculty positions could be met from the customary sources of support. Many of them also indicated that outside financial help would be needed to build the new classrooms and offices which expansion in enrollments would require.

Here, then, is another big problem that must be tackled if graduate education is to prepare enough leadership personnel to meet the needs of a growing Nation. Establishing a goodly number of graduate schools, increasing the enrollments in these schools, preparing more faculty to guide these students—these problems, that once seemed insurmountable, have proved vulnerable to our attack. If all who are concerned with the provision of good nursing care work together to remove this final obstacle—the financing of graduate programs in nursing—it, too, will yield before us.

REFERENCES

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3. Educational resources for the preparation of nurses. Part 1: Preparation for beginning positions in professional nursing. Nursing Outlook. 6: 32–38, January 1958.
4. Ibid.
5. American Nurses' Association. Facts About Nursing: A Statistical Summary. New York, The Association, 1957, p. 98.
6. National League for Nursing, Division of Nursing Education. Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing. New York, The League, 1953.

Mr. WILLIAMS. Are there any questions?

Mr. NEAL. Yes, Mr. Chairman.

Miss Thompson, do you happen to have the figures as to how many recognized nurse-training schools there are in the country?

Miss THOMPSON. Approximately 1,165. I can give you the exact number in a moment. As of the last figures that we have for schools of nursing, there were 1,125. That includes hospital schools and collegiate schools; 1,125 in 1956.

Mr. NEAL. Of these, would you estimate approximately the average age of nurses who graduate in present-day classes?

Miss THOMPSON. I cannot give you that exact information. I can tell you that most schools require the persons be between the ages of 17 and 35 for admission.

Mr. NEAL. Does the average nurse-training school require high-school graduation as a preliminary?

Miss THOMPSON. Definitely.

Mr. NEAL. Always?

Miss THOMPSON. Yes.

Mr. NEAL. Of the 1,125 schools, do you happen to know the number of graduates each year?

Miss THOMPSON. It is in the Facts About Nursing, which is included in that booklet of material that the chairman has.

If you would like to have that repeated for the record, I can look it up for you.

Mr. NEAL. Well, just to get some approximate figures.

Miss THOMPSON. In 1956 there were 93,530 enrolled in the diploma programs; 16,374 enrolled in those diploma programs. And the graduations from each were 2,704 from the degree programs. And in 1955—I am sorry, I gave the wrong figure there. The number of students graduated from—total students graduated, 46,498 in 1955. That is the latest figures that we have.

Mr. NEAL. 1956?

Miss THOMPSON. 1955.

The 1956 figures will come out in the new Facts About Nursing, which is at the printers at the present time and has not been released at this time.

Mr. NEAL. Now, do you have any knowledge or any information as to how many of those graduates actually remain in the profession, for a period of 10 years, say?

Miss THOMPSON. That is difficult to estimate. They are in and out.

Mr. NEAL. They either become part-time nurses or get out of the profession entirely when they marry; is that correct?

Miss THOMPSON. I don't think that is entirely true, sir.

In the statistics that the Labor Department has presented, in terms of women working they have 52 percent of women were employed in the labor force married. In nursing, 62 percent are married. So there is a much higher percentage of married women in nursing than there is in the entire labor force.

They do move in and out of the profession. In the latest statistics we have available we estimated approximately 42,000 part-time employees, and these are primarily married women.

Mr. NEAL. It is a pretty well established fact that the average nurse, or at least more than half of the graduate nurses, remain at least part time in the profession?

Miss THOMPSON. That is right.

Mr. NEAL. For the rest of their active lives?

Miss THOMPSON. That is right.

Mr. NEAL. All right.

Another thing I would like to ask you: Do you happen to have the number of training schools connected with the various religious institutions there in front of you? The Catholic schools and others?

Miss THOMPSON. No. We do not have it broken down in that way. We have it only in public and private.

Mr. NEAL. Well, would you say that the public hospitals operated by the municipalities and by the States operate or graduate a preponderance of the number of nurses in training?

Miss THOMPSON. The preponderance are graduated from nonprofit hospitals, and those include the religious hospitals.

Mr. NEAL. All right.

Let's get at this particular economic phase of it. The Catholic hospitals usually use well-trained teachers among the nuns.

Miss THOMPSON. Yes.

Mr. NEAL. In that respect, they can turn out graduated classes perhaps in greater numbers for less expenditure of money than the nonchurch-training schools; isn't that true?

Miss THOMPSON. I would not be able to answer that question accurately.

I do not know whether that would be true or not. One could assume that it would be.

Mr. NEAL. In the second place, they nearly all have special training through, I would say, their own institutions largely, although they do attend the regular training schools, get their BS's and the AB's and their other training, regardless of whether they get it from their institutions or not.

But it is a fact that these women who belong to the class of teachers in Catholic schools are not paid salaries?

Miss THOMPSON. No; they are not.

Mr. NEAL. The thing I am getting at here is to try to get a little estimate of how much need there is for the teacher.

I notice you put a lot of emphasis here on the higher class, postgraduate nursing group, who have trained especially for teaching.

Miss THOMPSON. That is correct.

Mr. NEAL. Not only for teaching but for various organizational health work.

That is where your big shortage is?

Miss THOMPSON. That is correct.

Regardless of whether this would be a religious institution or a public institution, the facilities would still be needed whether it cost money to train the individual or not, and this legislation provides for teaching facilities and construction.

They still need the space to do the teaching.

Mr. NEAL. Well, your higher class, your graduate nurse trainees, who are prepared to go out and do superior health organization work are usually prepared at some of the higher institutions, either medical or the colleges that adapt themselves particularly to that type of training.

All of the other institutions of medical learning, you might say, in addition to the average training school, carry on postgraduate work for nurse training. Now, that brings us up to the question: What percentage of the nurses who are trained for this special work are the recipients of scholarships?

Miss THOMPSON. The only scholarships, other than a small number that are available from certain foundations and other groups, have been through the Public Law 911, traineeships in title 2 of that law. The first year there were 551; and this second year the most recent figure is 773, which provides approximately 1,300.

Mr. NEAL. Are those that are provided by the foundation?

Miss THOMPSON. No. Those are provided by public scholarships.

Mr. NEAL. Well, that is where the Federal Government issues the scholarship and pays the tuition and perhaps some allowance to any nurse that goes into one of the training schools?

Miss THOMPSON. Yes.

Mr. NEAL. I just wondered if you have any statement or any definite indication of how many nurses get their training through scholarships from the foundations that are active in these fields?

Miss THOMPSON. I can get that information for you, but I do not have it at my fingertips.

Mr. NEAL. It is a considerable number; is it not?

Miss THOMPSON. I would say not.

Mr. NEAL. You would say not?

Miss THOMPSON. That is correct.

I think there were about 26 through the National League for Nursing and there are very few in the States. I think there are about 3 or 4 States that provide scholarships for the graduate-nurse education, and the amount of money that has been appropriated is very limited.

Mr. NEAL. Let me ask another question along that line: What percentage of the postgraduate nurses prepared by the medical training schools here go into the Foreign Service?

Miss THOMPSON. Of this number that I cited?

Mr. NEAL. Yes. Of the 700 that you say were graduated through public scholarships. What percentage of those people go to Foreign Service?

Miss THOMPSON. The Public Health Service is now doing a survey of the graduates from the first year of this program to determine where they are located. The majority of them have returned to their present position and are being elevated and earning more salary and having more status because of their additional preparation.

I cannot answer as to how many might have gone into Foreign Service, because they haven't been able to survey more than 1 year thus far, you see, because this law only went into effect in 1956.

Mr. NEAL. Some are employed by Rockefeller and these other foundations and some are sent to foreign nations by the ICA.

Miss THOMPSON. That is correct.

Mr. NEAL. That I would say practically covers it, unless we take the U. N. And I doubt very much if many of our graduates of American schools are particularly associated with the United Nations foreign effort.

With 700 being prepared through scholarships given by the Federal Government, which I believe you stated.

Miss THOMPSON. Yes, sir.

Mr. NEAL. How far short does that fall when it comes to the need of equally well prepared nurses for service here in the United States?

Miss THOMPSON. I believe the number that is recommended is approximately 2,200 a year, should be graduated in order to keep up with the deficits which occur each year.

Mr. NEAL. You mean overall graduates?

Miss THOMPSON. No, only in the postgraduate level.

Mr. NEAL. I see.

Miss THOMPSON. Oh, no, they need many more than that.

Mr. NEAL. You would estimate, then, that including those that are financed through the Federal Government that perhaps not more than half your needs are being met today, is that it?

Miss THOMPSON. That is correct.

Mr. NEAL. Thank you very much. That is all I have.

Mr. WILLIAMS. Does any other member desire recognition?

Mr. CARRIGG. You spoke about 1,125 training schools for nurses?

Miss THOMPSON. Yes.

Mr. CARRIGG. Does that number include the training schools in, for instance, these Catholic hospitals that are operated by the Sisters?

Miss THOMPSON. It includes all of the schools of nursing—hospitals, basic baccalaureate programs, and the advance programs.

Mr. CARRIGG. Is there any indication in that number as between the postgraduate schools and the hospital training classes themselves? Because as I understand it all these postgraduate schools are connected or affiliated in some way with a hospital?

Miss THOMPSON. Not necessarily. They are in universities and colleges. And they usually provide for some kind of field experience either with the Public Healht Agency or clinical experience in a hospital along with the advance preparation.

Mr. CARRIGG. There really is no duplication in that number.

Miss THOMPSON. No. There are 44 programs in the United States that offer master's and doctor's programs in nursing.

And 26 States are represented in those 44 programs.

Mr. CARRIGG. Are you interested at all in schools of practical nursing?

Miss THOMPSON. Yes; we are. And we supported the inclusion of title 3 in Public Law 911 which would improve and expand the schools of practical nursing.

Mr. CARRIGG. Thank you.

Mr. WILLIAMS. Thank you very much, Miss Thompson.

Miss THOMPSON. Thank you.

Mr. WILLIAMS. I might state that the observation that I made to Dr. Rubin with respect to podiatrists, the inclusion of podiatrists in any legislation as had by this Congress would certainly apply in the case of graduate nurse training insofar as I personally am concerned.

And we thank you for your testimony.

The committee will stand adjourned until 10 o'clock in the morning having exhausted our schedule of witnesses for today. I am informed however, by the clerk of the full committee, Mr. Williamson, that he is having some difficulty in finding a hearing room for us. So I am not prepared at the moment to say where we will be meeting.

But we will get word out as soon as we can.

I understand the Traffic Safety Subcommittee has preempted this room for tomorrow.

So as soon as we know where we will be, why, we will notify all the members and as many of the public as possible.

(Whereupon, at 3:10 p. m. the subcommittee was recessed, to reconvene at 10 a. m., Wednesday, April 23, 1958.)

HEALTH RESEARCH FACILITIES

WEDNESDAY, APRIL 23, 1958

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH AND SCIENCE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The subcommittee met at 10 a. m. in room 1334, New House Office Building, pursuant to adjournment, the Honorable John Bell Williams (chairman of the subcommittee) presiding.

Mr. WILLIAMS. This morning the Subcommittee on Health and Science continues its hearings on H. R. 6874 and related bills, all providing for a program of Federal grants-in-aid to medical schools.

On yesterday we proceeded to hold our hearings in the form of a panel discussion with Dr. Darley acting as coordinator of the panel. I am pleased now to turn the hearing over to Dr. Darley to proceed in line with his plans.

Dr. DARLEY. Thank you very much, Mr. Chairman.

Yesterday, President Wallace Sterling, of Stanford University, was unable to testify for lack of time. He was going to speak to the importance of maintaining standards in health education. We were all pleased yesterday, even though Dr. Sterling could not speak, to get the feeling from the comments of the committee that the committee itself feels that standards should be maintained.

Dr. Sterling will send in a communication for the record. Unless there are questions about standards, I will not dwell on this matter any further.

This morning the panel wishes to outline the extent of and the reasons for improving and extending our physical facilities for the education of health-service personnel. Dr. Aims McGuinness and Dr. L. E. Burney, representing the Departmentof Health, Education, and Welfare, will speak first. Then I would like to introduce some resolutions and exhibits for the record.

Dr. Vernon Lippard, the dean of the medical school at Yale, will be the principal witness for the Association of American Medical Colleges.

Dr. Herz again, with Dr. Peterson, will speak for the dentists, and then Dr. Armistead at that time would like to speak in the interests of veterinary education.

Mr. WILLIAMS. I notice that you do not have your American Medical Association man at the table today. I hope he has not become gun shy.

Mr. DINGELL. I certainly hope we will have him with us today. I have some more questions for him.

Dr. DARLEY. Then, if there is time or opportunity, Dr. Homer Marsh, the dean of the medical school at the University of Miami, and Dr. Robert Berson, the dean of the medical school at the University of Alabama, would like to speak to the problems that they are facing, simply to give the committee an opportunity to appreciate the complexity involved in the operation of a teaching university medical center.

Now, Mr. Chairman, we are ready for Dr. McGuinness.

STATEMENT OF DR. AIMS C. McGUINNESS, SPECIAL ASSISTANT TO THE SECRETARY (HEALTH AND MEDICINE), DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. MCGUINNESS. Mr. Chairman, Dr. Burney and I are here together this morning to present the views of our Department on the legislation now under consideration by your committee. In view of our previous testimony on similar bills, and the reports submitted by our Department on specific bills, we shall not undertake at this time a detailed presentation of our position or a thorough analysis of the various provisions of the several bills before you.

However, I should like to explain why we believe that Federal assistance for the construction of these research and teaching facilities is necessary and appropriate.

Dr. Burney will then summarize the experience to date with the administration of the current research facilities grant program, with particular attention to the joint recommendations of the Surgeon General and the Advisory Council with respect to extending and expanding the present statutory authorization.

In the 84th Congress and in the present Congress, our Department has submitted to the Congress draft legislation authorizing a short-term Federal grant program to aid in the construction of medical and dental research and teaching facilities. In view of the action by the Congress in approving grants for research facilities, I will assume that the appropriation of Federal aid for such construction needs no further justification at this time.

I also am assuming that the detailed data submitted by the school representatives in connection with this and previous hearings have established the fact that additional construction funds, both for teaching and for research, are needed urgently.

The key remaining question, therefore, is whether the Federal Government should assume part of the cost of construction of these urgently needed buildings.

Our recommendation of Federal construction aid is not based on a social philosophy that the financing of medical and dental education is or should be a continuing responsibility of the Federal Government. Quite to the contrary, we believe that to a maximum extent possible, such professional education and higher education generally should be financed from State, community, and voluntary sources.

At the same time, we do not believe that rigid adherence to this general principle, regardless of its implications to the health and welfare of the Nation as a whole, is a wise national policy. Rather, we believe that short-term Federal assistance may be completely justifiable, provided that such aid is directed toward problems of excep-

tional urgency, is limited to those forms of aid which minimize the hazards of Federal control, and is designed to stimulate and supplement rather than to replace State, local, and voluntary support.

The assurance of a continuing supply of well-trained scientists and laboratories essential to their needs is vital to the national research effort. A continuing supply of well-trained physicians and dentists is a national necessity if the fruits of research are to reach the people. In our opinion, the construction needs of the medical and dental schools represent a critical need for which short-term Federal aid is necessary and is appropriate. Revolutionary developments in the medical sciences and the radical changes in methods of instruction which have paralleled this scientific progress, have combined to make the physical plants of many of our schools functionally outmoded.

These factors, combined with requirements to meet the need of expanding enrollment and research programs, and the cost of construction as well as the cost of instruction, have resulted in a truly dangerous deficit in the buildings occupied by these schools.

By a dangerous deficit, I mean one which not only threatens the quality of instruction being given to our future physicians, dentists, and medical research scientists, but also restricts seriously the ability of the schools to train the additional health workers our growing population will demand.

This is not just a local danger. It affects all of us. We will all be disadvantaged if, say, 10 or 20 years from now we are faced with a proportionate decrease in the number of physicians and dentists, and little will be gained then by pointing the finger of blame at States, communities, or voluntary givers.

Whatever may be the ideal or most desirable pattern of financial support, we believe that only exceptional action during the next few years by the Federal Government and the States and communities and by private groups can overcome our accumulated and growing deficit in medical and dental teaching facilities.

We do not believe the construction grant program we propose will in fact interpose any significant or objectionable control over these schools. The only controls imposed on the grantee are: (1) that the money be spent in accordance with the plans developed and submitted by the schools; and (2) that the facility be used for the purpose indicated in the approved application. These are not onerous controls, certainly, nor do they lend themselves to any domination of the school's affairs by the granting agency. On the contrary, the proposed legislation, like the present statutes relating to hospital and research facility grants, specifically prohibits any Federal interference with the instructional or administrative policies or procedures of the schools.

Finally, our experience with the construction grant programs, for hospital and health research facilities, has clearly demonstrated that, far from stifling local and voluntary support, Federal grants actually have stimulated non-Federal donors to increase their contributions. Hundreds of communities throughout the country have been stimulated by the Hill-Burton program to mount successful fund-raising programs to raise the local share of hospital construction and to assume the continuing financial responsibility for hospital maintenance and operation. Many universities and research centers which have been

unsuccessful for years in raising new costruction funds have found the necessary stimulus in a partial cost grant under the new health research facilities grant program.

We are confident that this experience will be repeated if the Congress enacts legislation authorizing Federal matching grants for medical and dental teaching facilities. State legislatures, school trustees and alumni, voluntary associations, and individual donors will respond to this new stimulus with considerably more non-Federal funds than previous fund-raising campaigns have produced. As a result, the primacy of State and local initiative and responsibility for construction and for the increased operating costs resulting from new schools or expanded enrollments will receive a new and much needed emphasis.

In brief, Mr. Chairman, our proposal does not represent any Federal attempt to centralize or to take over the burden of financing medical and dental education. Rather, it reflects our conviction that the exceptional current needs for new or modernized facilities require that Federal aid be provided to stimulate and supplement an increased effort by non-Federal donors. We believe that the limited and short-time aid authorized in our proposed legislation will neither interfere with the essential independence of the schools nor undermine their primary reliance on non-Federal sources for the increased revenues they will require to meet the Nation's needs for professional health personnel.

Thank you.

Mr. WILLIAMS. Dr. Darley, would you prefer that you go ahead with the statements of the various members of your panel before we interrogate the individuals, or would you feel that we should go ahead with the interrogation of the witnesses as they appear?

Dr. DARLEY. We would like to do just as you wish, sir. It would be nice to complete the record first, however, before the questioning.

Mr. WILLIAMS. You feel it would be better procedure, then, to permit your group to conclude before we begin questioning?

Dr. DARLEY. I think it would be preferable, if that is all right.

Mr. WILLIAMS. All right, sir. I am sure that would be agreeable with other members of the subcommittee, unless somebody raises an objection; and I do not think they will.

STATEMENT OF DR. L. E. BURNEY, SURGEON GENERAL, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. BURNEY. Mr. Chairman and members of the committee, it is always a pleasure to appear before this committee and to have the privilege at this time of discussing what we believe to be very important legislation, both extending the present research construction facility activities, and adding to that the legislation for grants for teaching facilities.

I think, as the primary health agency, that this committee and the Congress have always felt that we should bring to you our assessment of the national health needs and those particular problems with which the Congress is concerned and in which it has a natural interest. Also, I think we have a responsibility through our research, both intra-

mural and extramural, as well as our operating, perhaps, to bring to you some of the problems we see there which are of national interest. Finally, as the agency which you designated in your legislation to administer the 3-year program, title 7, for the construction of research facilities, we have some observations and experience which I think may be helpful to you.

As you recall, the Health Research Facilities Act of 1956 is administered by the Public Health Service with the advice of an Advisory Council consisting of 12 individuals—4 public members and 8 scientific members—and a representative ex officio from the National Science Foundation.

You also requested in this legislation that we submit to the Congress an annual report of the progress being made under this legislation and also directed that at the end of the second year of this program, we submit not only an annual report but also an assessment or an appraisal of this program and its adequacy or inadequacy to meet the long-term needs for research in the sciences relating to health.

I would like to emphasize particularly in the sciences related to health. You may recall that this very committee was the one that broadened the initial legislation which in the beginning related only to physicians and dentists, as I recall. This committee brought up the fact that there are other members of the health profession—biologists, biophysicists, biochemists, and other professional groups—who have an interest and a contribution to make in research. So this committee did broaden the initial legislation as proposed, and we have found that an extremely important fact in this legislation.

We submitted to the Congress this January House Document No. 324—I think all of you have had a copy of this—to the President of the United States, and he in turn submitted it to the Congress. I would like to call attention to a few of the important points in his report which bear on the legislation you are now considering.

First, it was clearly evident, both to those of us in the Public Health Service who worked on this program and to the members of the advisory committee, that the 3-year program for matching grants for research construction facilities is inadequate. The volume of approval applications has far exceeded the availability of funds.

Also, I think you would be interested to know that although the matching requirements under this legislation require only $1 for $1 matching, actually up to the present time, at least, we have had about 2 to 2½ times local funds to every dollar of Federal funds, although, as I say, the matching could be 50–50.

At the present time, we have about $71 million of approvable projects pending for consideration by the Council, and larger amounts which the medical and other university groups and research foundations have indicated they would like to apply for if funds were made available.

The report to the Congress recommended very strongly the extension of this matching grant program for research construction facilities. Second, the report makes another recommendation which I would like to read to you which bears upon the second matter before this committee, and that is the extension of this act to include matching grants for teaching facilities and medical, dental, and related schools.

28728—58——7

I would like to quote here:

> We are convinced that if we in America are to get on with the problems of expanding health research and of improving the health of the American people, the artificial separation of education and research should be dropped and aid given for both. Hence, it is our recommendation that legislation be enacted to authorize a program for construction facilities for the training of personnel in health-related fields, as well as for construction of health research facilities.
>
> It is further recommended that program be administered as one with review and advice by one council.

So the Council, together with me as Surgeon General, have recommended the extension of the present program, the expansion of the program to include teaching facilities, and the administration of the combined programs with the assistance of a single council.

The bills which are before you, I think, are basically consistent with these recommendations. One of the bills calls for a dual advisory council through 1959, but then a joint council after that. All the others carry out the basic recommendations that I have mentioned here. The bills do differ somewhat in the dollar amounts, in the matching requirements, in the earmarking for special purposes, but all of these proposed bills do agree on basic program objectives and the approach.

We believe, Mr. Chairman, very firmly that the basic pattern of the legislation which you enacted in 1956 has proven to be very sound and workable. The nature and distribution of medical and dental schools do not lend themselves, as you determined in your previous deliberations, to the allocation and matching formulas, for example, that we have in Hill-Burton and other activities, and for the matter of State plans and joint Federal-State machinery for administration.

Also, I am extremely proud, Mr. Chairman, of the work of this Advisory Council which is provided for. These are all men with full-time positions, important positions in either industry or the sciences, and yet they have given a tremendous amount of time not only to the Council meetings, but to projects like visits throughout the country; and I think that accounts, too, for the equitable distribution of these present funds for research construction facilities and for the very discriminating reviews of these projects that have come in.

I think there is no question but that, as I said before, they have stimulated local matching funds; and someone else, I think, said yesterday that the exact amount or percentage of Federal funds is not as important or is less important than that there is available so much matching fund grant assistance.

In conclusion, Mr. Chairman, I would like to say again that we have felt that this present program has been a very worthwhile activity; that it is and has been in the national interest; that we are concerned with improving and expanding research throughout the country for the benefit of all of the people in our States and Territories; that the two greatest bottlenecks for expanded research at the present time are these: (1) adequate facilities in which to construct research; (2) personnel to carry on research. Those are the only two bottlenecks that we have to a greatly expanded research program.

Again, I would like to state that it is not only the lack of medical personnel but it is the lack of other scientists in related groups.

For these reasons, we believe this legislation already enacted and this request to expand this legislation to teaching facilities are needed in our expanding economy and in the health needs of the country as a whole, that they are in the national interest, and as such are a proper concern for the Congress.

Thank you, sir.

Dr. DARLEY. Mr. Chairman, in 1956, the Association of American Medical Colleges adopted a statement which expressed the feeling that we need to increase the number of health service personnel, and that in connection with this we need it to strengthen our schools and establish new schools. I will not go into detail beyond that.

Then, in 1957, after a study had been made of the number of vacancies in the junior classes of our medical schools, a statement was approved to the effect that there was room for several new 2-year schools of medicine in the United States so that the sophomores that would finish these programs could fill these vacancies that had developed in the 4-year programs over the country. We found that there were between 300 and 400 such vacancies.

So here is one way of increasing the output of physicians to some extent without going to the expense of establishing 4-year medical schools.

Mr. DINGELL. Doctor, would it not also be easy to expand those 2-year medical schools later into 4-year medical schools?

Dr. DARLEY. Yes, sir. That is where our 4-year programs come from. Briefly, Alabama, Mississippi, West Virginia, and Missouri, have recently gone from 2- to 4-year programs.

Mr. WILLIAMS. I think it should be in all fairness stated that they have done it with State funds, not with Federal help.

Dr. DARLEY. Yes, sir. This is one reason for the vacancies in the junior classes, because these schools are no longer transferring students.

Then, in 1948, the association passed a resolution favoring the type of legislation that is under consideration today, and we have a communication from the American Council on Education, indicating it is favorable to the legislation under consideration. Then, I am introducing a group of selected letters from the deans that describe in a general way what their problems are.

Mr. DINGELL. Mr. Chairman, would it be possible to have those documents to which Dr. Darley has just referred inserted in the record?

Mr. WILLIAMS. Is that all that you have, Dr. Darley?

Dr. DARLEY. Yes.

Mr. WILLIAMS. Surely.

Mr. DINGELL. I would very much like to see them in the record.

Dr. DARLEY. It was my intention that they be offered for the record.

Mr. DINGELL. That would include the resolution going back to 1956 that you referred to, of the Association of American Medical Schools?

Dr. DARLEY. Yes, everything I mentioned.

Mr. DINGELL. That is all in the record?

Dr. DARLEY. Yes.

Mr. DINGELL. Thank you, sir.

(The material referred to above is as follows:)

STATEMENT ON THE FUTURE NEED FOR PHYSICIANS BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

(Passed unanimously, Association of American Medical Colleges, October 1956)

The changing nature of our industrial civilization, the increasing population, and the expanding knowledge revealed by research have and will continue to have a profound effect on our educational programs. It is a responsibility of the universities and of the professions to recognize and meet the needs of society. There is no area in which this obligation is greater than in the field of the health sciences.

Within the next decade, the health care of the American people based on greater knowledge through research will require increasing numbers of all types of personnel including physicians. Further, many more young men and women will be seeking higher education and training in one of the health professions.

In the 10-year period (1945–46 to 1955–56) since the end of World War II the number of medical schools has increased from 77 to 82, the number of entering freshmen from 6,060 to 7,686, and the number of graduates from 5,655 to 6,485. Two new medical schools admitted a freshmen class for the first time in the fall of 1956. At least one other school is in process of formation and will admit its first class in 1959.

Although the Association of American Medical Colleges is proud of this record of the medical schools in responding to the needs of the postwar world, it also believes that more remains to be done. Medical education should be expanded further without impairment in the high quality which has been carefully built up in the United States since 1910. It is possible that some existing schools can, with new facilities and larger facilities, accept additional students, but the need will not be met completely in this manner. The larger contribution in number of students will come, as it has in the past, by the establishment of new schools.

On the other hand many schools have already expanded their enrollment without increase or improvement of physical plant. The 84th Congress authorized construction of research facilities, but as was pointed out by the President, this met only a part of the need to maintain the present quality of teaching for the present number of students.

The Association of American Medical Colleges urges its member institutions to survey their potentialities and capacities in the light of the future need for health personnel, and urges universities in large urban centers, now without a medical school to give serious consideration to the establishment of one.

The latent period between the determination to form a medical school and service of the graduates to the people is 8 to 14 years; 2 to 4 years to plan the program, construct the buildings, and secure a faculty; 4 years for medical education and 2 to 6 years for hospital training as an intern and resident. Hence, if we are to meet the problem, it should be borne in mind that plans made in 1956 are not for next year or the year after, but for the needs of the Nation in 1964–70.

A program of expansion will require large sums of money, both for capital expenditures and for operating expense. The Association of American Medical Colleges is dedicated to the preservation of joint and coordinated support of medical education from private and Government sources and believes the American people are willing and able to back ventures which will mean better health and a happier life.

STATEMENT REGARDING 2-YEAR SCHOOLS—PASSED UNANIMOUSLY, ASSOCIATION OF AMERICAN MEDICAL COLLEGES, ATLANTIC CITY, N. J., OCTOBER 22, 1957

At its 1956 annual meeting, the Association of American Medical Colleges issued a statement to the effect that this country should increase its output of physicians by increasing the number of its medical schools.

As things stand now, after making allowance for the four new schools in development, it appears that between 1957 and 1964 our annual number of medical graduates will increase by approximately 450 to 7,400. In the opinion of the association, exploration of means beyond additional 4-year schools for further increases for the period after 1964 is necessary.

A recent survey revealed that due to attrition during the freshman and sophomore years, plus the fact that some schools can accommodate more clinical than preclinical students, the junior classes of our 4-year schools have facilities for between 300 and 400 additional students. If this number of students were progressing from new 2-year medical programs fully integrated on the one hand, with the undergraduate college program, and on the other hand, with existing 4-year schools, our annual number of medical graduates would be increased significantly.

If these new programs were initiated in a sound university environment, many would undoubtedly evolve in due time into first-rate 4-year schools, as evidenced by the events of recent years. At the close of World War II, there were 8 schools in this country offering the first 2 years of the 4-year medical course. Graduates of these schools were easily absorbed into the third-year classes of our 4-year schools. At the present time all but 3 of these 2-year schools have changed or are changing to 4-year programs.

In view of these facts and in view of the lower capital and operating expense of 2-year programs, the Association of American Medical Colleges encourages universities with strong leadership and necessary resources to establish new programs in medical education which would offer the first 2 years of the 4-year medical course.

(From minutes of proceedings, 68th annual meeting, Association of American Medical Colleges, October 21, 22, 23, 1957, Atlantic City, N. J.)

Whereas it is generally recognized that the physical facilities for housing the educational programs of many of our medical schools are in great need of expansion and modernization beyond the present economic resources of these schools themselves and

Whereas several Members of the present Congress are sponsoring legislation designed to aid these medical schools in their needs and

Whereas we have been led to believe that some Members of the Congress are not convinced that the proposed legislation has the interest of the entire membership of the Association of American Medical Colleges in spite of the diligent efforts of the officers of this association and its Committee on Financing Medical Education in surveying the needs of the individual member schools and in transmitting information regarding these needs to congressional committees: Therefore be it

Resolved, That the membership of the Association of American Medical Colleges in its 68th annual meeting go on official record as being in complete accord with the principle of Federal financial assistance in the construction of new, and the expansion and modernization of existing, facilities for medical education in our medical schools: And be it further

Resolved, That a report of this action be transmitted to each Member of the Congress.

Dr. DARLEY. Now Dr. Lippard, speaking for the association.

STATEMENT OF DR. VERNON W. LIPPARD, DEAN, SCHOOL OF MEDICINE, YALE UNIVERSITY, REPRESENTING THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Dr. LIPPARD. Mr. Chairman and members of the subcommittee, my name is Vernon W. Lippard. I am dean of the School of Medicine at Yale University and a member of the Committee on Financing Medical Education and a past president of the Association of American Medical Colleges.

The aid that the existing schools have received toward financing the expansion and renovation of their research facilities, under the health research facilities construction program, has been impressive. I hope it may be continued. The existing legislation, however, does not recognize the most serious problem facing the health services of this country over the next 25 years; that is, the adequate production of physicians.

Over the first half of this century, there have been many striking advances in medical science which have resulted in lowering of the morbidity and mortality rates for many diseases. Improved sanitation has led to the control of intestinal infections such as dysentery and typhoid, immunization to the prevention of such infections as diphtheria and now probably poliomyelitis. The dietary deficiency diseases such as rickets are becoming rare. Antibiotics have made possible the effective treatment of the majority of bacterial diseases. Advances in surgery have saved many lives. Furthermore, ease of communication and transportation and improved facilities have made the services of physicians more readily available and more efficient.

It is significant to observe, however, that despite all these advances, the physician-population ratio has remained practically constant over this same period: namely, the last 50 years.

Mr. DINGELL. Doctor, would you say that is desirable?

Dr. LIPPARD. I go into it in a little more detail here. Yes; I think, at least, it is desirable. But I can expand on it a bit.

Mr. DINGELL. Would you say that it should remain static, or that it should drop so that we can give our people better care?

Dr. LIPPARD. I think that it should remain at least at the present level.

Mr. DINGELL. Remain there, at least. But that does not foreclose your consideration of a drop in the ratio as being favorable, does it?

Dr. LIPPARD. A drop in the population-physician ratio; yes.

Mr. DINGELL. That is right.

Dr. LIPPARD. More physicians per capita.

Mr. DINGELL. You think that would be desirable?

Dr. LIPPARD. I am not sure how far it should be expanded. I think at least the present ratio should be maintained.

To continue with my statement: It is significant to observe, however, that, despite all these advances, the physician-population ratio has remained practically constant over this same period, and there has been no evidence of an oversupply of physicians. This can be explained, I believe, by several balancing factors, among which are (1) increasing awareness of the importance of physicians' services in the maintenance of good health, (2) advances in medical science which have made possible the effective treatment of illnesses formerly neglected, and (3) the aging of the population. We cannot avoid the conclusion that at least the same physician-population ratio must be maintained.

Over the past few years, the production of physicians has kept pace with the increasing population of the United States by the expansion of existing schools and the opening of a few new ones. We are now graduating about 7,000 students per year, and when the new schools, opened or under construction, graduate their first classes, about 400 more will be added. However, only one school, the University of Kentucky, is now under construction, and I know of no others under very serious consideration.

It is predicted that, by 1975, the population of the United States will reach 220 million. To maintain a constant physician-population ratio, annual production should reach 9,400 at that time, assuming that licensing of foreign-trained physicians remains constant at the present level of about 750 per year.

This all adds up to the fact that American medical schools should be graduating 2,000 more students per year by 1975. The average school graduates 90 physicians per year, so this means that 22 new schools would be needed. Most existing schools have expanded about as far as their facilities and resources will permit, if the same standards are to be maintained, unless their facilities and faculties are increased substantially.

A study, now in progress, indicates that approximately 50 existing schools can increase their enrollment by 5 percent or more over a 2- to 10-year period, with a resulting increase in total enrollment of close to 1,000 students—that would be 1,000 of the 2,000—if construction funds become available.

Mr. DINGELL. Would you say that would be desirable, that 5-percent expansion by these schools?

Dr. LIPPARD. I think that, if adequate facilities, and so on, can be made available, this can be done and this would be desirable.

Mr. DINGELL. Do you think that that can be done without any deterioration in the quality of the medical personnel produced?

Dr. LIPPARD. I think it can, if they are provided with proper facilities. I do not think it could be done with the existing plants.

Mr. DINGELL. Of course, the Association of American Medical Colleges will have a very substantial say as to whether these standards are maintained. Am I right?

Dr. LIPPARD. Yes, sir.

Mr. DINGELL. And, of course, the American Medical Association will have the same substantial say. Am I right?

Dr. LIPPARD. The accreditation is carried on jointly by the two bodies, with more or less equal voice; yes.

Mr. DINGELL. And, assuming that the statute could be so written, it appears it would be a good thing if we were to have such an expansion if we could maintain the quality of the doctors produced. Am I right?

Dr. LIPPARD. Yes, sir.

Mr. DINGELL. Thank you, sir. I am sorry to be interrupting you, but I want to get these points.

Dr. LIPPARD. This data will be presented for your information in tabular form within the next week. Even assuming that they will increase their enrollment to that extent, there will still be need for 11 more schools.

Forward planning is essential, because the usual lapse between the firm decision to establish a medical school and the graduation of its first class is about 8 years; 4 for fund raising, planning, construction, and assembling a faculty, and 4 more for the first class enrolled to graduate. Unless prompt action is taken, the physician-population ratio may be expected to begin its decline by between 1965 and 1970.

In terms of dollars, the cost of constructing 22 new schools and affiliated teaching hospitals is estimated at $440 million to $550 million; that is to say, about $20 million to $25 million per school. These are conservative estimates, based on the assumptions that the laboratory facilities will be the minimal necessary for good instruction and research by members of the faculty, and that the hospital facilities will be no more extensive than are necessary for instruction of classes of median size. Some of these schools may be established in conjunction with existing hospitals, and, in that event, the costs will be lower.

Expansion of existing schools necessary to increase enrollment by the 1,000 per year that I mentioned a few minutes ago is estimated at about $230 million.

I do not know where all this money will be raised, but I am firmly convinced that prompt and decisive action is necessary if 1 of 2 possibilitis is to be avoided; namely, either a reduction in availability of physicians' services or a crash program 10 or 15 years from now, when the shortage becomes apparent. The consequences of indecision can, I believe, be escaped by provision of matching Federal funds which would stimulate private giving and State appropriations.

Dr. DARLEY. Mr. Chairman, since we are going to run through our testimony before stopping for detailed questioning, I wonder if it would be permissible to ask Dr. Marsh and Dr. Berson to speak for a few minutes each as to their own needs.

Mr. WILLIAMS. All right, sir. However, before you recognize these two gentlemen, I would like to acknowledge the presence in the room of Dr. Van Slyke, accompanying the Surgeon General. Dr. Van Slyke has been associated for many years with the National Institutes of Health. He has shouldered the burden of administering the Health Research Facilities Act, and it is generally conceded that he has done an excellent job.

I am informed that he has just recovered from a rather serious heart attack. I am sure that other members of the subcommittee and all of those present express a great deal of relief and happiness over his recovery, and we wish him the very best in the future.

Dr. C. J. VAN SLYKE (Associate Director, National Institutes of Health). Thank you, Mr. Chairman. That is very generous.

Dr. DARLEY. Many of us in the room here have known Dr. Van Slyke for many years and worked closely with him. We certainly share your feelings about him, Mr. Chairman.

Dr. Marsh, would you speak very briefly to your problem?

STATEMENT OF DR. HOMER F. MARSH, DEAN, SCHOOL OF MEDICINE, UNIVERSITY OF MIAMI

Dr. MARSH. Mr. Chairman, I am Dr. Marsh from the Miami School of Medicine, and I represent a school of medicine organized within the frame work of a private institution; pershaps I should say an an independent institution, because it is certainly not private.

Mr. WILLIAMS. Doctor, is it not also recognized as one of the most heavily endowed institutions in the United States?

Dr. MARSH. No; that is not true at all. I wish we could claim that distinction, but we cannot, unfortunately. Our university is completely dependent upon annual gifts. It receives very little by way of tax dollars. Two gifts annually, one from the county of Dade and one from the city of Coral Gables, in which the university is located, amount, in toto, to about $50,000 a year in tax moneys.

The school of medicine, on the other hand, is in a peculiar position, receiving part of its operational support from the State of Florida, in the form of a per-student per-year subsidy.

The school of medicine was opened in 1952, as a direct result of incentive set up by the Legislature of the State of Florida, offering a subsidy to the first medical school to open in the State of Florida.

Prior to this time, there had been no medical school since about 1886, I think, when one had operated for three years and closed.

At the time national funds became available to us, we had 8 months actually in which to open a school of medicine, and in consequence our basic science departments occupy a remodeled dormitory next to the Veterans' Administration hospital, and I understand from our conversation with you yesterday you are familiar with that neighborhood.

Mr. WILLIAMS. Yes, I am.

Dr. MARSH. We occupy the building immediately east of the VA hospital.

This was a building about 25 years old when we picked it up and began remodeling it. It is totally inadequate for the activities which we try to carry on there, and actually necessitates the splitting of our classes so that we have dual or double teaching loads through the year, in order to accommodate the number of students that we accept each year.

Our clinical facilities, on the other hand, consist of the Jackson Memorial Hospital, which is a county tax-supported institution. Again, in order to provide for some facilities for our clinical faculty, we took over an abandoned area of the hospital, an old laboratory area, and converted this to some office space.

This is the picture of our institution at the present time.

We are in our sixth year of operation. We have graduated two classes, and in that period our faculty has been increased from our original 4 full-time members to at the present time about 140 full-time men and about 400 practicing physicians in the area who contribute their time.

Our research activities have grown from one small grant in 1954 till the present time, when we are handling something over $1 million annually in research activities. But these also are scattered, and I frequently say that we are occupying the back end of a firehouse, a remodeled morgue, and actually an old Navy brig, for part of our research activities.

We are in very desperate need of physical facilities to house our people, because while we have been given about $1 million just last week to help out in the construction of a new research building, we find it extremely difficult to interest people in providing money for bricks and mortar.

Unfortunately, for us, at least, the State tax moneys which accrue to the medical school annually are restricted to operational use. None of this money can be provided or used for building.

We are at the present time, as I say, having to carry a double teaching load. Our faculty really has very poor facilities in which to carry on either their research activities or to direct the teaching programs in the school of medicine. Our hospital which we use was never built as a teaching hospital. It is a service hospital, and we are trying to work a medical school into that type of environment. In consequence, we are extremely interested in this program, and at the moment I quite agree with Dr. Lippard that the stimulus of Federal assistance in providing for a building will result in heavier giving by independent or by private citizens, groups of that sort who will, I am sure, help out in the construction of these buildings, but who are not ready to put up the entire sums for the building.

Mr. WILLIAMS. May I ask Dr. Marsh one question?

Dr. Marsh, you have certainly made a case for additional facilities and the replacement of existing physical facilities. Have you presented a program to the State legislature requesting construction funds?

Dr. MARSH. We have not, because the State of Florida itself has just or is in the process of building facilities for a State university medical school in connection with the University of Florida. They have already invested in the neighborhood of $20 million in that construction, so we have not approached them.

Mr. WILLIAMS. Do you not feel you should approach them? Do you not think that would be the proper place to start, and then come to Congress? But only after you have been turned down by your own people.

Dr. MARSH. It is entirely possible, except that we continue to look to the national feature of medical education and medical needs, and we feel that it is a program into which the Federal Government should project itself.

Mr. WILLIAMS. But it is primarily a State problem, is it not, Doctor? I say primarily.

Dr. MARSH. Yes; it is a State problem.

Mr. WILLIAMS. In connection with the university there.

Dr. MARSH. It is a State problem; but having certainly national implications.

Mr. DINGELL. Mr. Chairman, I would like to compliment the witness on a very splendid job.

Doctor, would you mind standing up so I could ask you 1 or 2 questions, please?

Dr. MARSH. Yes.

Mr. DINGELL. I would like to begin by complimenting you on a very fine presentation.

Assuming you were able to expand your facilities 5 percent, do you think you could turn out an additional 5 percent in the number of medical graduates?

Dr. MARSH. Yes.

Mr. DINGELL. Do you think you could turn out a competent, qualified, high-grade medical practitioner if you were able to expand your facilities 5 percent?

Dr. MARSH. I feel under the the circumstances, Mr. Dingell, working under extremely hazardous conditions and doing, we believe, a good job, with adequate facilities we could do an even better job and accommodate more students, so that we can increase our enrollment and still turn out well qualified physicians.

Mr. DINGELL. Do you think they would be up to the standard presently fixed by the American Association of Medical Colleges and the American Medical Association?

Dr. MARSH. Yes; I am sure of that. We are a completely approved medical school under our present situation, and we believe by improving our own physical plant we can certainly come up to standards.

Mr. DINGELL. And you think you could expand your facilities and expand your graduating classes by 5 percent and still turn out good. competent men that would meet their approval?

Dr. MARSH. Yes; we are certain of that.

Mr. DINGELL. Doctor, I would certainly like to compliment you. You have been most helpful today, sir.

Dr. MARSH. Thank you.

Mr. WILLIAMS. Doctor, may I ask you one question.

After you opened in 1952, you graduated your first class when?

Dr. MARSH. In 1956.

Mr. WILLIAMS. How many students did you graduate then?

Dr. MARSH. We started out with a class of 28 students in our first class and graduated 26 of those. Those were not 26 of the original class, but there were some transfer students among them.

Mr. WILLIAMS. And in 1957, how many did you graduate?

Dr. MARSH. In 1957 we graduated 36 students, and we expect to graduate 60 this year. We admitted 80 students in our first class in 1958.

Mr. WILLIAMS. Doctor, you are not doing too bad a job on your own State funds, are you?

Dr. MARSH. No, that is right.

Mr. DINGELL. Is that State funds or private?

Dr. MARSH. This is a State subsidy for operation.

Mr. WILLIAMS. Local funds, we will put it.

Dr. MARSH. However, I would like to point out also that the subsidy which we receive does not cover our entire operational budget. It is only a contribution from the State. It does not carry the entire load.

Mr. WILLIAMS. I understand.

Mr. DINGELL. You have not found any deterioration in the quality of your graduates due to the fact that you are turning out more of them, have you, Doctor?

Dr. MARSH. No, we have not.

Mr. DINGELL. In fact, it might be fair to say you might even be increasing the quality a little bit?

Dr. MARSH. I am certain that as we move along, the quality does increase, yes.

Mr. WILLIAMS. I am sure you hope so, anyhow, do you not?

Mr. DINGELL. Thank you, Doctor.

Mr. NEAL. Doctor, I was interested in the amount of money involved in your research program; you say more than $1 million a year. May I ask the source of the funds which you receive?

Dr. MARSH. Yes. These funds are essentially all extramural. That is, we receive funds from foundations, from individuals, from the National Institutes of Health, and various governmental and independent or voluntary health agencies. But these funds are from extramural sources. They do not come from within the university's funds at all.

Mr. NEAL. What percentage of those funds come through Federal or governmental sources, appropriations, rather than from the foundations?

Dr. MARSH. I was a little surprised in calculating that to find that actually, it is around one-third that comes from Federal funds, and the rest of our research funds are from foundations, individuals, or voluntary health agencies.

Mr. NEAL. And the foundations contribute quite liberally, do they?

Dr. MARSH. Yes, we have fairly good contributions, and long-term contributions.

Mr. NEAL. In what particular phase of research work do you interest yourselves?

Dr. MARSH. As in almost any school of medicine, we have various areas of activity covering almost all fields. I would say offhand, though, that our greatest energies go to heart disease, to cancer, and to diseases of the aging; that is, gerontology, not simply geriatrics, but gerontology, the broad field of aging. Our largest grants and our heaviest activity lie in those three areas.

Mr. NEAL. That probably includes fellowships that are granted through the National Science Foundation. Is that right?

Dr. MARSH. In the support of the research?

Mr. NEAL. Yes.

Dr. MARSH. Yes, we have some fellows who are supported from the Foundation.

Mr. NEAL. Then, when you consider the Federal aid, you are getting some; you are not devoid of Federal aid help up to this time, are you?

Dr. MARSH. Not at all; and we are quite appreciative of that, too.

Mr. WILLIAMS. Thank you very much, Dr. Marsh.

Dr. DARLEY. Dr. Robert Berson, the dean of the school of medicine of the University of Alabama, will now speak. I would like also to add that he worked closely with Dr. John Deitrich in the survey of medical education, a report of which was published in 1953.

Dr. Berson.

STATEMENT OF DR. ROBERT BERSON, DEAN, MEDICAL COLLEGE, UNIVERSITY OF ALABAMA

Dr. BERSON. Mr. Chairman, to run briefly over the development of our institution: The University of Alabama, which is a State-supported university, operated a 2-year medical school from 1920 to 1945. In that period, all of the physicians practicing in Alabama had to obtain at least part of their education in institutions outside of the State, and a good many of them received all of their education there.

In 1943, the legislature authorized the expansion to a 4-year basis. This was begun in 1945, and the first class was given the M. D. degree in 1947.

In this initial expansion move, the only facilities available were those of an old charity hospital in the city of Birmingham, which was designed for other purposes. But the enterprise was started in what space could be made available in that block.

In 1948, the university began a school of dentistry that is integrally related to the school of medicine, in that the same faculty teaches all of the subjects in the first 2 years, to both medical and dental students, and it was not until 1951 that the first facilities designed for this educational mission were occupied.

These facilities provided only for the basic science departments that serve both schools, with no provision whatsoever for any independent departments in medicine. We did achieve a dental clinic at that time for the clinical aspects of dentistry, partly through the Hill-Burton program.

Up until the present time, the operation of all of the clinical departments and the library and such facilities as we have for student use—

locker room, lounge areas, and the like—is still in these improvised quarters in an old hospital designed for a different purpose.

The institution has developed fairly soundly. Its development has been, you might say, pushed by the action of the legislature. The first plans were to accept a class of 52 students in medicine, and this was expanded when the new building for the basic sciences were occupied, expanded by 60 percent for a class of 80 students per year.

It has been nip and tuck to keep the quality of the education of these people up to the level that is desirable. I think this has been achieved, but with a great deal of strain, particularly on those segments of the faculty where we can offer them such inadequate facilities for their academic activities, and clinical facilities in the hospital that are desperately inadequate for an educational setting. They were designed for service, and when you add the need for conference rooms and seminars and student laboratories and the like, it is a very difficult situation.

We have been fortunate in being awarded a construction grant under the Research Facilities Act which was a tremendous stimulus in getting the State to provide the matching funds for that building which is under construction at the moment, and also in getting the State to provide the funds with which to buy land adjoining us in the heart of Birmingham for the ultimate expansion of the facilities what they really need to be.

You see, with the medical and dental schools closely related and the school of nursing, we have a student body of 700 or 800 people in the health sciences. This creates a need for student parking, locker rooms, lounge areas, a place to eat; actually, a place to live, which we hope to achieve some way in the future.

The deficiencies we have in the way of facilities at the present time will be partly met by the completion of the research building. This will give us good facilities for research, but we will not be able to provide in that building, because of the terms of the grant, for the academic space for these full-time teachers in the clinical departments, or for the facilities of the library.

Our library is very busy, and of course crucially important. We have managed to get together about 70,000 volumes of books and periodicals, but we have to house them in various and sundry rooms in the old charity hospital. It is grossly crowded. It needs expansion and improvement for all of these health personnel that we are trying to educate as they should be.

Another thing in which we are badly pressed for space now is some expansion for the facilities for the dental faculty. We have been lucky in being able to build up what I consider a quite strong school of dentistry, but as the faculty has grown and as their programs have expanded they have gotten to the point where they really are very crowded in their research areas and in some of their efforts in advanced education.

This is in the special fields of dentistry beyond graduation.

The building was designed for this later expansion, and it seems to me imperative that that expansion be achieved at sometime in the future, if we are to keep this school growing and making its real contribution.

Up to this time, I think we have managed to get adequate quality for the education of our students, but at a great sacrifice in asking

these full-time faculty members to put up with what used to be a broom closet. We have kept them on the job partly, I think, because of the feeling that some progress is being made.

The State, I think, has made a sincere effort to meet our needs, but its resources are limited and, of course, our needs are pretty pressing.

Mr. WILLIAMS. You would not like to compare the fiscal predicament of the State of Alabama with that of the Federal Government?

Dr. BERSON. I really do not think I am competent to answer that, but I have a very vivid impression that many needs of State government, particularly in the field of education, are very great compared with the resources available to meet them.

The Research Facilities Act did provide a great stimulus to the State, which did manage to provide the matching money. It has seemed to me that the Hill-Burton program has provided the same stimulus to State and local government in Alabama to provide the matching funds for those facilities.

I am afraid it would take a long time and would be very difficult for the State to provide 100 percent of the funds for such hospitals as the Hill-Burton program has provided, or for such needs of ours as have already been met.

The possibilities of future expansion of enrollment in our institution I think are real; but, in my own opinion, it would probably be 3 or 4 years before it would be wise to expand our classes again. In a way, we are still trying to catch up with the 60 percent expansion that took place a little while back. I think that it will probably be 1960 or 1961 before it would be prudent for us to think of further expansion.

It is my own opinion from observations of other schools a few years back in a survey that there are really a great many schools in this country who desperately need to improve facilities to maintain the quality of education now going on; and that very few schools should contemplate any expansion unless there is real expansion and improvement of the facilities that they now have.

Mr. WILLIAMS. Approximately what would be the cost of the needed construction at the moment?

Dr. BERSON. If we leave out of consideration our later needs for housing, which I think we should in this conversation, I think the facilities we urgently need will come somewhere between $800,000 and $1,000,000.

Mr. WILLIAMS. Have you requested the Alabama State Legislature to appropriate funds for that?

Dr. BERSON. Yes. I might add they did respond with money for the research building and for the land.

Mr. WILLIAMS. Is there any reason to believe that they will deny you funds in the future for your needed construction?

Dr. BERSON. Deny? Probably not. But when they can provide it is a very problematical thing, because it would probably have to take its place in relation to other needs of the university and other institutions.

I think that since they provided our research building so recently, that we would probably have to be very patient before they provide more.

Mr. WILLIAMS. Doctor, what is the seating capacity of Denny Stadium?

Dr. BERSON. I am not sure, but it is 25,000 or 30,000.

Mr. WILLIAMS. And it cost, I am quite certain, more than $700,000 or $800,000, and it was built in the depression; was it?

Dr. BERSON. I think so. This was before my day.

Mr. WILLIAMS. Is it not your feeling that if the State of Alabama can build a stadium in the middle of a depression, that in times when there is plenty of money, they should be able to furnish you $700,000 or $800,000 to build needed facilities for medical schools?

Dr. BERSON. There is one point, and that is that the stadium was built out of the athletic funds that the university picked up through having very successful football teams and through the sale of tickets.

Mr. DINGELL. Would it be fair to say that football receipts are considerably larger than medical-school receipts? Would that not be an understatement?

Dr. BERSON. Yes.

Mr. WILLIAMS. Doctor, in the case of universities, are profits from the athletic program ploughed exclusively back into the athletic program or are they permitted to be used for other purposes?

Dr. BERSON. I believe they stay in the athletic program but that they are not limited to the one sport; that they do finance other sports out of this sometimes profitable sport of football.

Mr. WILLIAMS. Do you know whether Alabama University realizes a profit out of their athletic program?

Dr. BERSON. It is my understanding that the athletic committee has always been able to retain the profits that were realized; that in some years these profits have been large; in the last few years they have not been.

Mr. WILLIAMS. Thank you very much.

Mr. DINGELL. Mr. Chairman, may I direct a question to the doctor?

Mr. WILLIAMS. Yes.

Mr. DINGELL. Doctor, I was very interested in your comments, and I would like to compliment you on a very fine statement.

Let me ask you a few questions: Would I be fair in saying that your school is fully and properly accredited by both the AMA and the Association of American Medical Schools?

Dr. BERSON. Yes, sir; it is fully accredited. I believe that is proper, although we have had to struggle pretty hard to keep the standards where they should be.

Mr. DINGELL. Let me ask you this question: Have you found that the AMA and the Association of American Medical Schools are fairly diligent in seeing that you maintain certain standards?

Dr. BERSON. Within limits; yes, fairly diligent. What I mean by "limits" is the frequency of being able to get around to take a very close look. They are quite diligent when they do.

Mr. DINGELL. They do generally supervise you very closely? I am not trying to lead you into a trap.

Dr. BERSON. Not really very closely. I do not know, but perhaps Dr. Darley should explain the accrediting procedure. Schools are visited only at intervals that sometimes are fairly long. The school may request such an accrediting visit at an earlier time, or the associations may insist on it if they have enough opinion that things are in a bad way.

I am not quite sure how long it has been since we were visited, but it has been several years.

Mr. DINGELL. Am I to infer, then, that they are a little slipshod in maintaining the standards?

Dr. BERSON. No. I think they are diligent, but it is not practical for them to visit each institution each year or anything of that sort.

Mr. DINGELL. We have had certain reactionary witnesses before this committee yesterday who told us we did not dare to expand our medical schools for fear of deteriorating the quality of our graduates.

I was just wondering whether or not you were aware of the fact that we can expand if the AMA and the Association of American Medical Schools will be sufficient and diligent in watching the standards that the students produce.

Would that be a fair statement? In other words, if they will watch out and do what they are supposed to do instead of coming down here and testifying against good legislation, maybe we can get a little expansion of the number of our medical school graduates.

Would that be a fair statement, Doctor?

Dr. BERSON. It is a little difficult to answer directly because keeping the quality is primarily the schools' responsibility and the universities, and then the accrediting agencies.

Mr. DINGELL. Of course, maintaining the standards of being an accredited school is the responsibility of the AMA and the Association of American Medical Schools; am I right?

Dr. BERSON. Yes; that is right.

Mr. DINGELL. And they, as I understand it, place a great deal of emphasis on their high responsibility, and it is a very high responsibility to do this. They also place a great deal of responsibility on their own shoulders for maintaining the quality of medical school graduates, with which I thoroughly agree. But what I am trying to get down to you is this fact: I would assume that I would be fair in asking this. Are you producing all the medical school graduates you can produce inside the borders of your State?

Dr. BERSON. Oh, no, not by a long shot.

Mr. DINGELL. Are you able to get all the graduates from other States to meet the deficit?

Dr. BERSON. This is very difficult to answer because I work with the school and not out where the need is. But I think it is fair to say that there is a demand for more medical service in Alabama than there is available to meet that demand.

Mr. DINGELL. And in fact, in some of the surrounding States; am I right?

Dr. BERSON. My knowledge is less accurate, but in a general way, I think this is true. Now whether this demand is exactly equal to the need, is another matter.

Mr. DINGELL. Would I be fair in saying that you had exported doctors, that some of your graduates had gone into surrounding States to practice?

Dr. BERSON. Yes; there is a little interchange. I think we are in about equilibrium, with about as many leaving our State as coming into our State from surrounding areas.

Mr. DINGELL. With regard to the doctors coming into your State, could you tell us where they come from? Do they come from surrounding States or from medical schools far distant from your State?

Dr. BERSON. Largely from surrounding States. A very large number of them come from Tulane, New Orleans, but occasionally individuals come from a much greater distance.

Mr. DINGELL. Have you got any from the Mississippi schools?

Dr. BERSON. I am not sure, but I do not think many. They have not graduated many over there.

Mr. WILLIAMS. I think they have graduated but a few classes, have they?

Mr. DINGELL. But you have been sending graduate physicians to Mississippi, have you not, Doctor?

Dr. BERSON. Only a few.

Mr. DINGELL. Tulane sends some into Mississippi; am I correct?

Dr. BERSON. Yes.

Mr. DINGELL. Tulane is in Louisiana?

Dr. BERSON. Yes, New Orleans.

Mr. DINGELL. Does Louisiana get any graduates from Mississippi schools?

Dr. BERSON. I suspect they will when Mississippi schools have been in production for a good while. There is a certain amount of moving around of doctors after they are graduated.

Mr. WILLIAMS. You have received a great number who went through our 2-year medical program over there, have you not?

Dr. BERSON. We received a small number because we only got on a 4-year basis about 10 years before Mississippi did, and there were a few in each of those years.

Mr. DINGELL. Let me go back to the business of accrediting and responsibility for it.

Would I be fair in saying that if a school can meet the standards set up by the AMA and by the Association of American Medical Schools, and if they can establish a 5-percent expansion in the number of graduates that they can turn out, that the quality of those graduates would not necessarily be impaired? Would that be a fair statement?

Dr. BERSON. I think that is right.

Mr. DINGELL. And not only that: That if there was an impairment in the quality of graduates, it would be at least a responsibility of the distinguished American Medical Association and the Association of American Medical Schools?

Dr. BERSON. It would be partly their responsibility and, of course, the responsibility of the institution itself.

Mr. DINGELL. And that would be the responsibility which they have taken upon themselves. Would that not be a fair statement?

Dr. BERSON. Yes.

Mr. DINGELL. And it would be, in effect, a failure by the AMA and the Association of American Medical Schools to maintain the proper standards, and they would be charged with failure to behave properly under the circumstances. Would that not be a fair statement?

Dr. BERSON. In principle; yes.

Mr. DINGELL. I want to thank you very much, Doctor. You have been most helpful.

Mr. NEAL. Doctor, may I ask you, in your opinion, does the AMA together with the Association of American Medical Schools seem to be neglecting your institution in any way?

Dr. BERSON. Oh, no; not at all.

Mr. NEAL. Insofar as you know, the same attitude has not applied to other States?

Dr. BERSON. I think that they discharge this responsibility exceedingly well. The one point I want to make is that in my own opinion responsibility for standards is shared. The institution itself has a primary responsibility for seeing that the man who is awarded that degree deserves it. This is also shared by the two associations who serve in a national sense, have some criteria, receive some information every year, and make periodical visits.

Mr. NEAL. In other words, local institutions are quite familiar with the requirements of standards set by these two organizations, and they make every effort available to them to meet those requirements; is that true?

Dr. BERSON. That is correct.

Mr. NEAL. I think perhaps the members of the committee might like to have you discuss just a little more in detail wherein the ordinary municipal or State hospitals existing in college towns where you have university medical schools fail to meet the requirements of today with regard to standards.

Dr. BERSON. I might start with our own institution.

Mr. NEAL. Would you do that?

Dr. BERSON. This 600-bed hospital has been developed over a period of 60 years in the city of Birmingham, and had a long checkered history of development. Its primary mission was to provide service to sick people and get them out as quickly as possible.

In this concept, the physical facilities that are provided in the emergency, in its clinics, in its wards, in its laboratories, are of minimum size and type to meet this service need at a level that the community would accept when the hospital was in each stage of its existence.

When you try to add to that system the education of 80 3d-year students and 80 4th-year students, with the interns, the residents, the full-time faculty, and the voluntary faculty, you create a need for more room in each of these areas, so that the student and his teachers can not only participate in service but can also sit down and write their observations, where there can be supervision and discussion.

Mr. NEAL. I think you have established this one thing: It is almost essential, if these medical schools are going to meet the present requirements, that they can no longer depend on the old piecemeal institutions, but are usually going to have to require well-laid-out and well-planned additional construction in order to meet those demands.

Dr. BERSON. This is almost certainly true, sir. We have had architects and engineers study our existing plant exhaustively to try to come up with what it will take to make this existing structure serve its educational needs adequately.

We have a nice 2-inch report. The rough estimates are that it would cost $2.5 million, and be difficult at that to remodel and to rearrange within the existing buildings.

Mr. NEAL. Just not economically feasible?

Dr. BERSON. Pretty close to being impractical.

Mr. NEAL. Thank you, Doctor.

Mr. WILLIAMS. Thank you, Doctor.

Dr. MARSH. May I have an opportunity to clarify a point?

When we were speaking of the number of students which we have graduated and the size of the class, I am afraid that it might have been inferred that since we started out with a small class, we have simply been adding on numbers without any particular plan.

This is not true, because in the very beginning of our medical school we had planned for a class of 75 students. The reason we did not take 75 in our first class, the reason that we have moved up stepwise to 75 students, is because in those early periods—and actually I frankly had 7 weeks to open the school of medicine—it was impossible to bring our faculty together at that time. We were remodeling facilities actually during the period that we were doing our instruction in classes. So we had planned orginally to have a school of the size of 75 students.

We did start out with only 28 students. We increased the next class size. We increased the one after that on a stepwise basis to give us an opportunity to bring our faculty together.

So we are at our maximum level at the present time, but it is a level which was planned from the opening of the school.

Mr. WILLIAMS. Doctor, let me ask you a question while you are here. What is the home stadium of the football team?

Dr. MARSH. Orange Bowl.

Mr. WILLIAMS. How large was the Orange Bowl 10 years ago? What was the seating capacity?

Dr. MARSH. I am sorry; I do not know. I am a relative newcomer to Miami.

Mr. WILLIAMS. I think I can tell you that it was in the vicinity of some 30,000.

Dr. MARSH. I do not know, but it probably was.

Mr. WILLIAMS. But today it seats some 80,000; does it not?

Dr. MARSH. Yes.

Mr. WILLIAMS. That Orange Bowl has been built by whom; by the State of Florida or by the University of Miami?

Dr. MARSH. No; this was built by the Orange Bowl Corp. which was actually a group of private citizens who built the Orange. The university does not have its own stadium. It only rents the Orange Bowl for its games. This was a private endeavor.

Mr. WILLIAMS. They do not have too much trouble, Doctor, in these private endeavors, to build stadiums. Take the Sugar Bowl in New Orleans. But it seems tremendously difficult to get private organizations to build medical schools. Can you explain that?

Dr. MARSH. I think perhaps the difference is that it is a matter of business. This group of citizens in Miami who built the Orange Bowl realize an annual profit, a return from their investment. They do not realize a dollar return, except very indirectly, from an investment in educational facilities.

I think perhaps it as simple as that. It is a business proposition.

Mr. WILLIAMS. Thank you. Of course, that does not hold true in the case of the University of California or Stanford University or the University of Mississippi or the University of Alabama where the school funds do go into the building of buildings.

I will add the University of Michigan.

Mr. DINGELL. It would be fair to say that the football teams of the schools that my distinguished friend just mentioned gross a substantial sum of money; whereas the medical schools are usually operated at a loss. Would that not be a fair statement?

Dr. MARSH. That is true.

Mr. WILLIAMS. I might inform the gentleman from Michigan that the State of Mississippi has one of the finest, most up-to-date medical-school plants in the United States, and every nickel of it was financed by the very, very poor penurious State of Mississippi. Mississippi, so far as I know, has not asked for a Federal crutch. The State of Mississippi has not.

Mr. DINGEL. I would like to compliment the State of Mississippi on a fine medical school.

Dr. DARLEY. Mr. Chairman, I think Dr. Berson's statement brings out the fact that there is much more to education for health services than the training and education of physicians. He certainly emphasized the importance of dentistry.

Next, I think Dr. Herz would like to take over.

Mr. DINGELL. May I be excused to ask Dr. Darley one question?

Doctor, do you know of any medical school in the United States which opposes any one of these bills?

Dr. DARLEY. No; I know of no school that is opposing them.

Mr. DINGELL. No medical school opposing them?

Dr. DARLEY. This resolution that I introduced was passed unanimously at the last meeting of the association, and every school was present.

Mr. DINGELL. Sir, you are speaking on behalf of the dental schools now?

Dr. DARLEY. Yes.

Mr. DINGELL. Do you know of any dental schools that oppose this?

Dr. DARLEY. No; the Dental Association has been here 4 times since 1949 recommending aid to dental schools.

Mr. DINGELL. I certainly compliment you and the association, sir.

Mr. WILLIAMS. Doctor, do you know anybody who likes to refuse a gift or a windfall?

Dr. DARLEY. That would have to be answered by qualifications. It always depends upon the conditions obtained. In general, I think it is human nature to welcome a boost.

Mr. WILLIAMS. Certainly.

Dr. DARLEY. I think we certainly would.

Mr. WILLIAMS. I know very few people who oppose raises in their own salary.

STATEMENT OF DR. FRANCIS J. HERZ, MEMBER OF COUNCIL ON LEGISLATION, AMERICAN DENTAL ASSOCIATION

Dr. HERZ. I am from San Francisco, Calif., where I am engaged in the general practice of dentistry. I am also the chairman of the board of trustees of the College of Physicians and Surgeons. We operate a dental school at the present time.

I am here as a member of the council on legislation of the American Dental Association. With me is Dr. Shailer Peterson, of Chi-

cago, Ill., who is the secretary of the association's council on dental education.

We are here today to present the association's position on the three proposals before this committee to provide grants-in-aid to dental schools and related institutions for constructing teaching and research facilities.

The American Dental Association has a membership of 90,000. It represents more than 80 percent of the Nation's dentists.

The American Dental Association urges Congress to enact legislation which would provide Federal grants-in-aid funds to assist in the construction, expansion and remodeling and equipping of vitally needed teaching and research facilities for the Nation's dental schools.

Specifically, the association recommends that grants be adequate to assist the existing 47 dental schools to fulfill their essential needs over the next 5 years. We estimate the total cost of this 5-year program will be somewhere in the neighborhood of $95 million.

The association also recommends that provisions be made for the construction of at least 8 new dental schools during the next 5 to 10 years. The association estimates that the total cost of this construction will be in the neighborhood of $30 million.

Dr. Peterson will amplify these recommendations in his statement.

STATEMENT OF DR. SHAILER PETERSON, SECRETARY, COUNCIL ON DENTAL EDUCATION OF THE AMERICAN DENTAL ASSOCIATION

Dr. PETERSON. Members of the committee, I would like to expand a little bit upon the words that Dr. Herz has already mentioned to you.

In the first place, as he has indicated, the American Dental Association has consistently been on record and been willing, for the dental schools of the United States, to accept Federal aid.

Actually, we have testified before this same committee on at least two other occasions, and before other committees, as well, on research grants. Similarly, we have also been on record indicating that we will be willing to have qualified students receive grants, whether they be scholarships or whether they be loan funds.

The basis for the willingness to accept these Federal funds is based upon the basic philosophy of the American Dental Association, as was indicated in some of the discussion yesterday.

We recognize that while we have a ratio, nationally, of 1 dentist to 1,886 people, that, actually, with the increase in population of the Nation, we are not possibly keeping up with that increase. We estimate that in 1975 our ratio will have climbed to 1 dentist to about 2,200 people, which, of course, is a much less favorable ratio.

We also recognize that, while there is a difference between needs and demands, actually, we are not able, even with this present ratio, to conduct the kind of dental care that we believe is necessary.

We have done a great deal, I believe, by way of trying to augment and help our own situation. We believe that it is not possible, no matter how fast we produce schools and still maintain standards, to still produce enough dentists so that this ratio will be maintained, because the program is exhaustive, extensive, and expensive.

Therefore, we do want to have the dentists make wide use of dental auxiliary personnel. For that reason, we are also on record in wanting more dental hygienist schools, schools for the training of dental assistants, and schools for the training of dental laboratory technicians.

These programs are less costly and less expensive than educating the dentists. Those extra hands will place dentists in the position of rendering a greater amount of service to more people more effectively.

We are also particularly concerned, not only with the extension of personnel and producing more personnel, but we want more research to be done, and we want, particularly, to have this research designed so that it will help in the field of preventive dentistry and thereby relieve pain or eliminate dental diseases with which we are so concerned.

Another point that we have made consistently, and particularly during the past 12 years, is that, in order to provide more personnel, we have advocated better means of selecting qualified students. We have about twice as many students now making applications for our dental schools as we can possibly accept.

They are also of high caliber, but, because of increasing the selective process, improving the means by which the qualified student can be admitted into dental school, we have been able to reduce the mortality rates significantly because it is extremely expensive to educate personnel. When they do fail in the second or third year, those places are lost forever.

We have reduced our mortality from 15 or 16 percent a few years ago, so that in our 4-year program we lost no more than 7 or 8 percent of all the student body though poor scholarship. That is about as good a record, I believe, as any profession now has.

I think it is interesting, at this point, probably, to make another comment relative to the progress that has been made over the last 10 years without having any Federal grants other than the grants that we have received for research and the like.

Actually, the schools themselves, as Dr. Lyons pointed out yesterday in his comments, have actually spent something like $60⅔ million in capital expenditures. That is entirely in addition to their operating costs.

We believe that speaks pretty well for the dental schools and their desire to do something about bringing up the standards and, also, expanding their school systems.

During this 10 years, this expenditure of funds has actually meant that we have added, to the number of dental students that have graduated every year, about 1,707. We have increased the number of graduates of dental hygienist schools by about 647. We have increased the number who are enrolled currently in our postgraduate programs over a thousand a year during this 10-year period.

It is also interesting in the same connection, I believe, to note that we have 22 States in the United States that do not have dental schools. Therefore, as Dr. Lyons was pointing out yesterday, many of these schools have to serve the residents of more than one State. Twenty-seven States, in other words, including the District of Columbia, do have dental schools.

Nineteen of the dental schools are State supported. The others are all entirely privately supported.

In fact, if there is time a little bit later, it might be well to have Dr. Herz comment about the needs of his own school, which is a privately supported school in San Francisco.

I have one other word in regard to the needs of the schools and their desire for expansion.

The question was asked a moment ago whether there are schools that do not want or would not accept Federal aid. To our knowledge, there are none at the present time.

When some of these bills were originally introduced we had some college presidents indicating that they would not permit certain of their professional schools to accept Federal grants of any kind.

Mr. DINGELL. Why was that, sir?

Dr. PETERSON. I do not know the reason, frankly. We were told that they had policies already established by their own board of trustees which would prevent it. Their reasons were never given directly to us. But since that time, all of the schools, to my knowledge, have actually requested grants.

Mr. DINGELL. Are you referring to dental schools?

Dr. PETERSON. Only dental schools. I cannot speak in terms of the medical schools. In terms of the dental schools themselves, we find that currently the schools now have on hand around $10½ million at the moment which could be used either for construction or for matching purposes. I am talking about our 47 dental schools, including the 1 in Puerto Rico, keeping in mind also that 4 of those schools are just new in existence. That is, they do not have their entire 4-year program in operation.

They also predict that in a 5-year period they will have raised that to around $40⅔ million, which again, would be available for construction, whether it is matchable or not.

Obviously, they want the matching funds because they want to expand the potentials of their program just that much more.

If this forty and two thirds million could be matched, even on a 50–50 basis—there being no objection to the increment given on the additional basis—that would provide for construction in an amount around $94 million. That is, in terms only of existing schools.

In addition to that, we would think in terms of about 8 to 10 new schools being produced during that time. These would probably cost roughly $30 million to $35 million. So, therefore, you can readily see that even with our currently operating dental schools that we would use up the funds that have already been allocated in terms of these bills.

Another point that I would like to make is the particular needs that the schools have for this expansion. Many of the schools have had rather a difficult time in the last few years because their physical facilities have deteriorated rather badly while the considerable amount of funds that have been spent have not made it possible to keep the buildings and equipment in the shape that we would like.

Out of the 47 schools, perhaps 6 of them are sufficiently new that they would not require additional building or additional grants.

There are probably another 6 to 10 that really are in dire straits in terms of doing something to improve their facilities.

Mr. WILLIAMS. What schools are those, Doctor?

Dr. PETERSON. I would prefer not to give all the names, but I could certainly do it if you would like.

Mr. WILLIAMS. Would you name 1 or 2?

Dr. PETERSON. Physicians and Surgeons in California is in dire straits. I am sure that Dr. Herz would be glad to tell you that they are really in a tough spot.

Mr. WILLIAMS. Do you include any public-supported schools in that category?

Dr. PETERSON. No. There actually are none that are publicly supported that are in the same shape.

If we were to pick out the six schools that need funds, probably more than any of the others, they would be of the private schools.

Of the new schools that have been actually established recently, like the University of Puerto Rico, those are normally of the State variety—West Virginia, North Carolina, and the like. They will not need funds of any proportion until they get far enough to expand further.

Do you have any questions?

Mr. WILLIAMS. That answers my question.

Dr. PETERSON. The needs that we have for expansion, not only include classrooms, laboratory space, and all that goes with it, but in addition to that we need, obviously, research space.

Some questions have been raised in the past as to why the dental schools did not utilize as much of the building funds as were available on a matching basis. The reason for that is rather easy to understand, because these funds that they did have available, they would like to have used for construction of facilities to be used for educational purposes.

They realized that any of the funds that they spent for research obviously would have to take away from the undergraduate programs.

We feel that our major responsibility is to the undergraduate student, in spite of the fact that research is as important as it is.

There are some schools in which the whole matter of faculty also becomes rather a vital problem. We now have roughly 1,100 full-time faculty members in these 47 dental schools. We have approximately 3,000 giving part-time instruction. I would say that probably 75 to 80 percent of those 3,000 give one-half time or more.

In other words, it is quite different from the picture a few years ago when we had a great many people who gave a half day or 1 day to teaching programs.

While faculty salaries have increased notably in the last 5 or 6 years, still they need to retain, at the high level, the salary range, or we would not be able to maintain the high caliber of teaching that is now being done.

We are trying to look to all means and all methods whereby all additional funds might be secured, and also so that improved teaching facilities might be acquired, whether it means by an increase in the funds actually allocated or whether it means by some other technique.

Therefore, there is considerable research now in teaching methods being done in all of our dental schools. We are also doing quite a bit of work in terms of research in practice methods, arrangement of dental offices, and the like.

Also, some of the research has dealt with high-speed equipment. We think that is extremely important because it will enable a single dentist with his auxiliary personnel, to render a greater service to more people.

Along that same line, you might be interested to know that parallel to our whole program of desiring to train more auxiliary personnel, we are now including in our requirement for accreditation that every dental school train every dentist before he graduates on how to use the auxiliary personnel more efficiently and more effectively, which again we hope will cut down on needs which we cannot meet at the present time.

We have the philosophy that when a student enters a dental school, he is not registering merely for a period of 4 years, but that he is registering for life. We think that a dental school has a real responsibility to every dental graduate that it puts out. We think that, in turn, every dental graduate, when he becomes an alumni member, ought to look to that school and get from that school continued education to let him keep up with the standards of dentistry and dental practice and also help him to acquire those techniques and that knowledge so that he can work efficiently and effectively in his dental office.

One last point that I would like to make in view of our whole study of this entire problem is that we are just now entering upon a 2-year survey of dentistry, which is supported partially from the funds of the American Dental Association and 1 or 2 foundations.

This, again, is designed not just to study dental education, but to study also the practice of dentistry, because we want to be able to serve a greater number of the population with the personnel that we can foresee in the future that can come out of dental schools, dental hygiene schools, and other educational institutions.

Gentlemen, I thank you for the time that you have given me.

Mr. NEAL. Doctor, may I ask you: Do the alumni of your dental schools make any great amount of contribution to the mother institutions toward the upkeep of the operation? Do you get any support from your alumni?

Dr. PETERSON. There are about three schools, Doctor, that do have rather significant support. One is Dr. Herz' school, P. N. & S. in San Francisco.

We have just completed the survey. I am sorry that the data was not tabulated fast enough so that I could bring it to you.

I would say that, in general, the alumni support is rather poor, nationwide, to the dental schools.

Mr. NEAL. Purely voluntary?

Dr. PETERSON. Purely voluntary, yes. In 2 or 3 schools like Kansas City and P. N. and S. the alumni program is fairly strong. Our program is that of encouraging continuing education so our alumni groups will make demands upon their schools, and they in turn will pay the school for some support for those additional teachers that are required, which, in turn, will raise the standards of the entire education institution.

Does that answer your question?

Mr. NEAL. Yes.

Mr. DINGELL. May I be recognized?

Mr. WILLIAMS. Yes.

Mr. DINGELL. Doctor, if you get every cent that is in these several bills before us, if you get the money that you were telling us you hope to have available over the next few years, would you still be able to meet the projected needs of the people of this country for doctors of dentistry?

Dr. PETERSON. Even with these additional funds and the 10 schools that we predict will be created in this length of time and with the expansion which this money would provide, we will not be able to maintain the ratio of 1 to 1886 by 1975. We would have had to have 3 years ago, for a period of 20 years, an additional 800 students graduate before this entire 20-year period.

We are falling backwards so rapidly. That is why we have to look to these auxiliary aids to help us out of our pinch. We must do something, and that is why we are not only looking for funds, we are looking for other methods by which this improvement can be made.

Mr. Chairman, I forgot to mention earlier that I would also ask if we could present some of this data in a report which could be submitted at a later time.

Mr. WILLIAMS. The committee will be glad to receive that.

(The information referred to follows:)

STATEMENT OF THE AMERICAN DENTAL ASSOCIATION ON H. R. 6874 AND 6875, H. R. 7481 AND H. R. 11913, LEGISLATION AUTHORIZING CONSTRUCTION GRANTS FOR HEALTH, SCIENCE TEACHING AND RESEARCH FACILITIES

PART I

Mr. Chairman and members of the committee, I am Dr. Francis Herz of San Francisco, Calif., where I am engaged in the general practice of dentistry. I am a member of the council on legislation of the American Dental Association. With me is Dr. Shailer Peterson of Chicago, Ill., who is secretary of the association's council on dental education. We are here today to present the association's position on the three proposals before this committee to provide grants-in-aid to dental schools and related institutions for constructing teaching and research facilities. The American Dental Association has a membership of 90,000 and represents more than 80 percent of the Nation's dentists.

Policy of American Dental Association.—Representatives of the American Dental Association have testified before Congress in support of Federal grant-in-aid legislation for assisting the dental schools four times since 1949. In that year the association's house of delegates adopted the following resolution at its annual meeting:

"*Resolved*, That the American Dental Association approve the policy that Federal funds, with justification, might be appropriated in support of dental education programs, provided that such funds when appropriated should be accepted with the understanding that the Government shall not exercise any control over, or prescribe any requirements with respect to, the curriculum, teaching personnel, or administration of any school or the admission of applicants thereto."

Each of the bills which are the subject of these hearings is in keeping with the policy of the American Dental Association.

Recommendation.—The American Dental Association urges Congress to enact legislation which will provide Federal grant-in-aid funds to assist in the construction, expansion, remodeling and equipping of vitally needed teaching and research facilities for the Nation's dental schools. Specifically, the association recommends that the grants authorized be adequate to assist the existing 47 dental schools to fulfill their essential needs over the next 5 years. The total cost of this 5-year program would be $95 million or thereabouts.

The association also recommends that provision be made for the construction of at least 8 new dental schools during the next 5 to 10 years. The association estimates that the total cost of this construction would be $30 million. Dr. Peterson will amplify these recommendations in his statement.

The detailed information on the specific financial needs of the dental schools, which Dr. Peterson will present, will illustrate that Representative Roberts' bill, H. R. 11913, is best adapted to meeting the essential requirements for expanding dental teaching and research facilities.

At this time, I should like to call upon Dr. Shailer Peterson, secretary of the council on dental education. Dr. Peterson is a specialist in the field of education, having obtained his doctorate in that field.

PART II

I am Dr. Shailer Peterson, of Chicago, Ill. I am secretary of the council on dental education of the American Dental Association and am here to present the association's position on the legislation that has been proposed to stimulate the construction of critically needed educational and research facilities in dentistry.

This committee has available to it the very excellent staff report assembled in 1957 by the professional staff of the committee on the basis of data submitted by the American Dental Association and other agencies concerned with the educational and research needs of the dental institutions in this country. It is not my intention to review the information which has been provided in the report prepared by your staff other than to submit more current information where available and to supplement some of the data which were not available in complete form at the time the staff report was prepared.

Present capacity of the dental schools.—There are now 47 dental schools in operation with an enrollment of 15,645 students. Of this total 1,052 students are enrolled in graduate, postgraduate, and special courses and 1,314 are enrolled in dental hygiene courses. (An additional 842 dental hygiene students are being trained in 10 schools which are not affiliated with dental schools, but which offer programs that have been approved by the American Dental Association.) Four new dental scools have been opened since October 1956 and have increased undergraduate dental student enrollment by 126.

From October 1955 to October 1957 undergraduate dental school enrollment has increased from 12,730 to 13,279; the number of students engaged in special studies or seeking an advanced degree has increased from 539 to 597; the number of dental hygiene undergraduates has increased from 1,160 to 1,340; the number of continuing or refresher students has increased from 4,673 to 5,017. The continuing expansion of training programs offered by the schools in these years reflects the constant effort of the schools to meet the growing demand for dentists and dental auxiliaries made necessary by the prevailing population growth and the replacement of dentists and auxiliaries lost through death and retirement from active practice.

With the single exception of last year, the number of dental graduates has increased each year for the past decade and can be expected to continue this increase for the next several years. It is estimated that nearly 3,100 dentists will be graduated in June 1958, and that by 1961, when all of the existing schools will be graduating students, the number of graduates will reach about 3,400. However, when the death and retirement rates for dentists are taken into consideration, and in view of the rapidly increasing population growth in this country, the efforts that have been made by the dental profession and dental educators are not adequate to maintain the proportion between dentists and population as it exists today. Data supporting this statement and observations on other factors which substantiate the clear need for an expanded program for producing dental manpower are available in many of the publications of the American Dental Association and will be submitted for the records of this committee.

Research activities conducted in the dental schools.—As is true in all scientific and professional fields, the educational institutions are responsible for the conduct of a large part of the research in the field. In dentistry, it is estimated that more than 80 percent of the research is conducted in dental schools and closely related academic facilities. Among the many reasons for this condition is the very essential relationship which exists between higher education discipline and research in that field. One of the important criteria used by the council on dental education in its evaluation of dental education programs is the existence of an active program of research, as indicated by the following statement from the Requirements for the Approval of a Dental School: "The mere prosecution of routine class and laboratory assignments is purposeless without genuine

scientific approach; no dental school fulfills its mission unless the spirit of research permeates the activities of both teachers and students. * * *"

Although the dental schools have been cognizant of this important responsibility for a number of years, they have been handicapped in developing a truly effective program by the lack of adequate financial support. As recently as 10 years ago Federal support of dental research was practically nonexistent. Up to that time, despite the fact that dental disease is the Nation's most prevalent disease—afflicting 95 percent of the population—there was no coordinated plan under which personnel and facilities could be marshaled for an investigation into the causes of dental disease. Through the support given to the activities of the National Institute of Dental Research by Congress, a significant program of dental research is now a reality and investigators from all parts of this country are now making an intensive search into the nature of oral diseases and their relation to the general health of our people. This expansion occurred chiefly as a result of the appropriations provided by the Congress in 1956 and 1957 for grants to the dental schools and other dental research centers.

It must be recognized, however, that this program is yet in the beginning stages. In terms of the research capacity of this Nation, the potential in the area of oral disease investigation has only been touched. Much more needs to be done; for example, with available personnel and facilities, the dental schools are in a position to carry on at least a hundred projects in addition to those being conducted and those to be activated this year. The growth of research in the dental schools, moreover, is essential to a continuing improvement in the standards of dental education.

As will be pointed out in later sections of this report, the dental schools have been able to expand considerably their facilities for educating dental students during the past several years and presently have plans to expand still further in the future. The need for increasing the space for training additional dental and dental hygiene students has been so great, however, that the schools have not been able to participate as many would have liked in the Health Research Facilities Act. The council reported to this committee in June 1955 the amount of construction funds that might be utilized by the dental schools for the construction of research facilities and was concerned when the participation of the dental schools in this program did not approach the extent that had been indicated. However, further investigation into this matter confirmed the fact that the dental schools were confronted with the very difficult decision of how the funds which they had available for matching construction grants might best be used. Even though many of the schools need expanded research facilities desperately, and even though most of the schools could have qualified for grants under the terms of the Health Research Facilities Act, they felt constrained to withhold applications for the purely research construction grants in anticipation of a Federal matching grant program which would be usable for the construction of both teaching and research facilities.

I am confident that the dental schools will participate to a substantial extent in the matching grant program for the construction of research facilities if legislation is approved which would make possible the construction of both teaching and research quarters. The bill introduced by Representative Roberts, H. R. 11913, particularly is a realistic approach to a solution of the problem which has confronted those institutions that feel an obligation to expand both teaching and research facilities and which do not have the funds to engage in purely research construction at the possible expense of the essential construction of more educational facilities.

Alternatives confronting the schools in providing dental care for the future.—It appears now that the population projection of 228½ million by 1975 is realistic. American Dental Association statistics show that in 1955 there were 87,599 dentists in active practice for a population of 162,248,000. This would indicate a dentist-population ratio of 1 to 1,886. On the basis of the present number of dental-school graduates, it can be estimated that by 1975 there will be about 104,461 dentists in active practice. This is an adjusted figure which allows for a normal rate of death and retirement of dentists now in practice. In this projection there would be a dentist-population ratio of 1 to 2,187 by 1975. To maintain the 1955 ratio of 1 to 1,886, the schools would have to graduate 16,669 more dentists than their present capacity will permit, or about 833 more students per year, over the 20-year period.

Many leaders in the profession and many dental educators view these statistics with real concern. To provide sufficient manpower in the future to maintain

1955 levels of dental care, which is a conservative basis for there is every reason to believe that the percent of the population seeking dental care will continue to increase, there would appear to be four alternate methods that should be given serious consideration:

1. Expand existing facilities through remodeling and additions to present school plants.
2. Construct additional new facilities.
3. Increase the use of dental auxiliary personnel.
4. Expand the dental research program.

The schools will work toward a solution of the problem by using 1 or more of these 4 approaches, each doing so within the limits of its financial ability to expand and its present need for additional space and new equipment.

Expansion of facilities for teaching and research through remodeling.—The council on dental education recently conducted a survey of the dental schools to determine the extent to which their enrollments could be increased if Federal matching funds were available. A summary of the data from this survey is presented in exhibit A to this report. According to the information submitted by the schools, if matching funds were made available, the existing schools would be in a position to expand their undergraduate enrollments by 636 dental students a year within the next 5 years. An additional 594 dental hygiene students could be accepted into these expanded facilities, according to the survey results. Twenty-five schools (53 percent) would start new programs to train auxiliary personnel; 10 schools (22 percent) would start new programs to train an additional 225 dental hygiene students per year; 17 schools (36 percent) would plan to have training programs for dental assistants; 7 schools (15 percent) would expect to introduce new programs for the dental laboratory technician. Thirty-four schools (72 percent) intend to enlarge their facilities for conducting research; 35 schools (74 percent) would remodel or build new facilities to increase the number of graduate degree programs; and 34 schools (72 percent) would provide additional study programs for the postgraduate student. It is obvious from these figures that even without the addition of new schools to the present 47 now in operation, enrollment capacity for undergraduate, graduate, and auxiliary personnel would be increased in impressive numbers. In this 5-year period, coincidentally, with the increase in the size of its physical plant, the quality and scope of dental education would also be improved. By additions to the physical plant, the purchase of new equipment for science laboratories and clinics, the teaching and research programs at many schools would gain in both effectiveness and efficiency.

In addition to this expansion of existing facilities, there are definite plans to establish 2 new dental schools within the next 2 years and reasonable assurance that an additional 7 or 8 schools will be put into operation within the next 10 years. The two schools for which nearly definite provisions have been made are in Kentucky and Florida. There has been serious discussion of the possibility of establishing dental schools in the following States: South Carolina, Oklahoma, New York, Connecticut, California, Colorado, and possibly in Utah. There is no doubt that the existence of a Federal matching grant program for construction of teaching facilities would hasten the establishment of these schools and, in at least some of the cases, it is unlikely that the schools could be established without a Federal matching grant program. On the basis of a two-thirds matching grant for new construction, it is estimated that the two States which have definite plans at the present time would request grants of about $5 million. If the 10-year provision for new construction were to be approved on a two-thirds-one-third basis, the 7 or 8 schools which now appear to be in the stage of serious study and planning would be in need of $25 million to $30 million depending upon the size of the institution planned and other factors. This would mean then that new dental-school construction which can be anticipated within the next 10 years could be aided materially, and in some cases assured, by the provision of $30 million to $35 million within the 10-year periods proposed in H. R. 11913.

Increase the use of dental auxiliary personnel—The dental profession, like other health professions, is aided materially by the services of auxiliary personnel who are trained to perform certain functions which do not require the direct participation of the dentist. During the past few years there has been increasing recognition of the extent to which the effective utilization of these auxiliary personnel makes it possible for the dentist to devote his time to those procedures for which only he is qualified. For example, current studies show that a dentist can increase his weekly patient load by 36.8 percent by employing

1 auxiliary and 68.8 percent when he employs a second. Provided that he has from 2 to 3 well-equipped operating rooms, a dentist working alone and seeing up to 10 patients a day can, with the aid of auxiliaries, serve from 16 to 18 patients a day. As recent as 1956 surveys have been made by the American Dental Association which shows that about 23 percent of the independent dentists in the United States had no employees. Even though the percentage of dentists employing auxiliary personnel has increased from 73.1 percent in 1952 to 77.1 percent in 1955, statistics would suggest that a still greater use of auxiliaries by all dentists will help solve the problem of providing an adequate dental service during the coming years.

In the next 5 years, as well as in the years beyond 1962, the dental schools will not only have to increase enrollment capacity for dental students but, also, for the auxiliary forces, as well, if the profession is to meet its full responsibiilty in providing a maximum level of dental-health care without any impairment in the quality of its dental service. Dental hygienists are now graduated at the rate of 945 per year, and approximately 4,500 are now in active practice. Dental laboratory technicians. This recent action by the association serves to implecurrently number about 28,000. Of this total, 25,000 are employed by some 7,000 private laboratories. About 65,000 dental assistants now serve the dental profession.

At the 1957 annual meeting of the association in Miami, Fla., the American Dental Association approved revised training and certification standards for laboratory technicians. This recent action by the association serves to implement further the present policy of the dental profession to solve its manpower shortage through the expansion of training programs for auxiliary personnel. In October 1957, the question of training and certification of dental assistants was widely discussed and investigated in a workshop sponsored by the association's council on dental education. Even though the profession does not yet have its own approved program for the training of dental assistants, its appears probable that such a program will be presented to the house of delegates within the next year or two. Following the establishment of eductional standards for the dental assistant by the dental profession, there is little doubt that the dental schools and other appropriate institutions will inaugurate training programs for this important dental auxiliary.

In a recent directive from the house of delegates of the American Dental Association, all dental schools have been urged to encourage the use of dental auxiliaries in the undergraduate dental curriculum. All undergraduate dental students are being taught the effective use of the hygienist, the technician, and the assistant under conditions simulating private dental practice. As schools can increase their physical plants for the training of auxiliary personnel, continued advances in teaching the important role of the auxiliary in private practice will be made. Through the dental schools, the profession is making substantial forward progress in training students in the use of auxiliaries and, simultaneously, it is training a growing number of these auxiliaries for service to its present needs. As has already been indicated in the previous section, the dental schools would definitely plan to expand their educational efforts for auxiliary personnel if funds were to be made available for the provision of additional space and equipment needed for these programs.

Expand the dental-research program.—A final approach to providing dental care in the future which will compare favorably with the dental service available to the population in 1955 lies in the field of dental research. Although all of the dental schools are now engaged in dental-research activity, there is much room for expansion of this important activity. The association has already requested that Congress give consideration to increasing the budget recommended for support of National Institute of Dental Research grants by $1 million in fiscal 1959, on the basis of conclusive evidence that the potential now exists for at least this degree of expansion in research in the dental schools. This modest request is based on the demonstrated need in existing facilities and with available research workers. When it is realized that more than 40 percent

of the schools budgeted less than $30,000 for the support of dental research during the past year, it is clear that the amount of research in many of the schools is very limited. To a substantial extent, this limitation is related to the lack of sufficient space and adequate equipment in these schools to carry on research projects properly. An indication of the extent to which the dental schools are interested in expanding their research facilities is contained in section 3 of exhibit A, which shows that 34 schools (72 percent) would plan to expand their research programs if construction funds were made available.

Funds needed for the expansion of teaching and research facilities.—In an effort to determine as precisely as possible the construction needs of the dental schools for the next 5 years, and to secure a realistic estimate of the extent to which the schools would be in a position to participate in a Federal matching-grant program, the council on dental education conducted a survey of all of the dental schools in January 1958. The results of this survey are presented in section 3 of exhibit A. In summary, the survey showed that the existing schools would plan to expand their teaching and research facilities by about $93 million during the next 5 years, and could presently anticipate over $40 million for matching purposes. In addition, 83 percent of the schools indicated that they were certain that the availability of a Federal matching-grant program would aid materially in the raising of funds for construction of teaching and research facilities; thus there is little doubt that at least one-half of the money needed ($45 million to $50 million) for the matching of the $93 million construction program would be available.

Full accomplishment of these objectives could be expected to result in the enrollment of an additional 636 dental students a year (an increase of 18 percent), 594 more dental hygiene students a year (51 percent increase), and to enable the schools to expand or initiate programs for the training of graduate and postgraduate students, dental assistants, and dental laboratory technicians. More specifically, from 1958 to 1962, 40 schools would plan to expand existing programs in the areas of research, graduate, and postgraduate studies, and 25 schools would start new programs in the areas of research, graduate, postgraduate, and auxiliary training.

As already indicated in this statement, it is estimated that new dental schools now being planned or which can be anticipated within the next 10 years will need $15 million to $20 million for the construction of their facilities.

No mention has yet been made in this report of a very important consideration related to this proposed legislation, but one which is extremely difficult to evaluate in terms of exact quantitative terms. Although the dental schools in this country have spent more than $60 million during the past 10 years for the modernization and expansion of their buildings and equipment, there are still many schools which are in desperate need of funds to make improvements in their facilities if they are to maintain the high level of dental education which has been characteristic of the dental schools in this country.

The increased operating costs of the dental schools, the expanding demand for graduate and research programs, and many other pressures common to all educational endeavors at the present time have made it increasingly difficult for the schools to keep pace with those improvements in plants and equipment which are so important if the quality of dental education is to be maintained. There can be no doubt that the adoption of a Federal matching-grant program for construction of dental teaching facilities will contribute not only to the quantity of dental care available to the people of our country but, also, to the quality of service which can be provided during the years ahead.

In summary, the American Dental Association urges this committee to approve legislation to assist the schools of dentistry and dental hygiene to meet the cost of constructing vitally needed teaching and research facilities and to help offset the cost of new dental-school construction. The plan encompassed within Representative Roberts' bill (H. R. 11913) is particularly noteworthy, not only for its recognition of the realistic financial needs of existing health research and teaching institutions, but for its assurance that adequate funds for new school construction will be available over an extended period of time.

Exhibit A

Council on Dental Education, American Dental Association

Estimated Needs of Dental Schools for Construction, Expansion, and Remodeling for the Next 5 Years, 1958–62

Part I. Expenditures, 1947 to 1957, inclusive, new construction or remodeling

[Basis: October 1956 survey of budgetary estimates for the school year 1956–57]

School code	Institution	New construction				Remodeling				Additional enrollment		
		Cost	Year	Equipment cost	Square feet added	Cost	Year	Equipment cost	Square feet added	Dental	Dental hygiene	Graduate and post-graduate
1	Howard University	$3,300,000	1954	$982,000	71,730					120	30	
2	University of Kansas City					$75,000	1957	$25,000	2,250			
3	New York University					304,000		218,000		20		200
4	University of Maryland					18,000	1956	6,000	1,800			
5	Seton Hall University					1,151,878	(1)	201,000				
6	University of California	1,600,000	1954		45,000	50,000	1957		22,000	30	20	40
7	Northwestern University					270,000	1958	90,000	4,500			225
8	University of Texas	5,863,510	1955	900,000	97,040					160	50	
9	University of Nebraska					85,000	1956	115,000	3,600			10
10	University of Pennsylvania					150,000	1947	150,000	2,500	15		15
11	College of Medical Evangelists	1,000,000	1955	500,000	48,000					60	25	10
12	Columbia University [2]			(2)								
13	University of Alabama	1,500,000	1950	1,000,000	128,000					200	70	30
14	University of Puerto Rico [2]											
15	Emory University					50,000	1949	115,000	16,355			
16	Creighton University					80,665	1951	25,032	3,000	10		
17	Ohio State University	1,500,000	1951	600,000	80,000					48	40	35
18	University of Illinois					804,333	(1)	304,522	14,000	80		
19	University of Michigan					75,000	1949	325,000				
20	University of Washington	2,323,587	1948	576,674	61,111	5,000	1952	6,000		75	14	10
21	University of Southern California	1,000,000	1952	250,000	20,000						30	210
22	Harvard					350,000	1957	53,000	2,600			10
23	Meharry Medical College [2]											
24	St. Louis University					300,000	1949	25,000	7,000	60		10
25	Baylor University	1,082,000	1955	611,947	75,000					25	64	10
26	Georgetown University					75,000		138,000	10,706	20		9
27	Tufts University	2,190,711	1950	55,000	99,870					20		30
28	Temple University [2]											
29	Washington University									4		6
30	University of North Carolina	3,150,000	1953	1,250,000	104,000					200	30	7
31	College of Physicians and Surgeons	96,605	1948	56,550	4,740	44,272	1956	83,442				
32	West Virginia University	4,270,000	1957	750,000	152,000					30	35	20

30	University of North Carolina	3,150,000	1953	1,250,000	104,000								
31	College of Physicians and Surgeons	96,605	1948	56,550	4,740	44,272	1956	83,442		30	35	20	
32	West Virginia University	4,270,000	1957	750,000	152,000								
33	Fairleigh Dickinson University	1,000,000	1957	350,000	35,000					92	10	50	
34	University of Pittsburgh	2,000,000	1956	100,000	15,000								
35	State University of Iowa					58,128	1953	181,035		56			
36	Loyola University (Chicago)					5,955	1957	21,440	600			2	
37	University of Tennessee	1,500,000		350,000	81,000	500,000	1956	150,000	3,000	200	64	16	
38	Loyola University (New Orleans)					85,000	1957	425,000	20,000	32		15	
39	University of Oregon	2,841,853	1956	750,000	175,000					20	10		
40	Indiana University	1,350,200	1958	320,000	65,000	443,011	1950		1,500	22	65	35	
41	University of Minnesota					200,107	1956	62,647					
42	Medical College of Virginia	2,000,000	1954	400,000	90,000					28		8	
43	University of Detroit					150,000	1956	100,000	30,000	72	72	6	
44	Western Reserve University					63,000	1954						
45	University of Louisville					35,000		65,000			10		
46	Marquette University					500,000	1957	300,000	28,475		8		
47	University of Buffalo	1,447,600	1953	544,042	55,540					8			
	Total (47)	41,016,066		10,346,213	1,503,031	5,928,349		3,190,118	253,886	1,707	647	1,019	

[1] In progress.
[2] No data supplied in this section of report.

PART II. *Construction or remodeling plans, 1958–62*

[Basis: No matching grant funds from Federal Government]

School code	Institution	Construction or remodeling, 1958–62					Purpose of expansion								
							Increase, enrollment (per year)		Add new program			Expand existing program			
		Yes	No	Start	Finish	Total cost	Dentistry	Dental hygiene	Dental hygiene	Dental assistant	Dental laboratory technician	Research	Graduate program	Post graduate program	Other
1	Howard University [1]														
2	University of Kansas City [2]	X				$500,000						X	X	X	
3	New York University	X		In progress	1958	3,100,000			35	X		X	X	X	(3)
4	University of Maryland	X		1959	1960	60,000						X	X	X	X
5	Seton Hall University	X		Indefinite	Indefinite	50,000									
6	University of California	X		1962	1965	800,000	15	20				X	X	X	X
7	Northwestern University	X		June 1, 1958	Oct. 1, 1958	125,000						X	X	X	
8	University of Texas	X		January 1958	September 1958	15,000						X			
9	University of Nebraska	X		1960	1962	300,000									
10	University of Pennsylvania	X		In progress	1959 or 1960	250,000						X	X	X	(3)
11	College of Medical Evangelists.	X		Indefinite	Indefinite	300,000						X	X	X	X
12	Columbia University [1]														
13	University of Alabama	X		1960	1962	500,000	20					X	X	X	
14	University of Puerto Rico	X		July 1, 1957	June 1, 1959	100,000	40								
15	Emory University	X		1959 or 1960	1960 or 1961	2,000,000		15		X		X	X	X	X
16	Creighton University	(3)		Indefinite	Indefinite	2,000,000	15			X		X		X	
17	Ohio State University	X		In progress	1959	1,400,000	30	60				X	X	X	X
18	University of Illinois [1]														
19	University of Michigan	X		Indefinite	Indefinite	9,265,000	53	36		X	X	X	X		
20	University of Washington [1]														
21	University of Southern California.	X		Mar. 1, 1958	Oct. 1, 1958	230,000						X	X	X	
22	Harvard	X		1960	1962	1,750,000	16						X	X	
23	Meharry Medical College [1]														
24	St. Louis University	X		1959 or 1960	1962 or 1963	1,000,000	16		10			X	X	X	
25	Baylor University	X		1960	1961	350,000				X		X	X	X	(4)
26	Georgetown University [1]														
27	Tufts University	X		Indefinite	Indefinite	2,000,000	20		60	X			X	X	X
28	Temple University [1]														
29	Washington University	X				1,250,000	12		20			X	X	X	
30	University of North Carolina [1]														

31	College of Physicians and Surgeons.	X		Before 1962	1963	3,000,000	15					X	X	X	
32	West Virginia University	X		Indefinite	Indefinite	240,000	30	35				X	X	X	
33	Fairleigh Dickinson University.	X		do	do							X	X	X	
34	University of Pittsburgh [1]														
35	State University of Iowa	X				3,000,000	36	8		X		X	X	X	
36	Loyola University (Chicago)	X		1961	1962	500,000	25		50			X	X	X	
37	University of Tennessee [1]														
38	Loyola University (New Orleans).	X		1960	1962	1,000,000	25		20	X		X	X	X	
39	University of Oregon	X		1959 or 1960		240,000						X	X	X	
40	Indiana University	X		May 1, 1958	Sept. 1, 1959	1,144,000	22	15			(7)	X	X	X	
41	University of Minnesota	X		1958 and 1959	1960	787,800	20	10							
42	Medical College of Virginia	X				175,000						X	X	X	(8)
43	University of Detroit	X		Indefinite	Indefinite	9,000,000	12	12				X	X	X	X
44	Western Reserve University	X		1960 or 1961	1963	3,000,000	3		15			X	X	X	
45	University of Louisville [1]														
46	Marquette University	X		In progress	1960	200,000		8				X	X	X	(8)
47	University of Buffalo [1]														
	Total (47)	35	19						7	8	1	29	29	29	12
									15%	17%	2%	62%	62%	62%	25%
	Total cost construction programs.					49,631,800									
	Total increased enrollment (number of students).						425	[10] 219	[10] 210						

[1] No data supplied in this section of report.
[2] Fund campaign in progress.
[3] Public Health Institute.
[4] Dental assistant.
[5] Not definite, but probable.
[6] Add class and laboratory space.
[7] Possibly.

	Percent
Percent of schools planning new programs (12 schools)	25
Percent of schools planning expansion of existing programs (31 schools)	66

[8] Orthopedic clinic.
[9] Expand dental assistant program.
[10] Through increased enrollment in existing programs (210 students) and the establishment of new programs (210 students), the increase of freshman enrollment in dental hygiene programs would be 429.

Part III. Construction or remodeling plans, 1958–62

[Basis: Receipt of matching grant funds from Federal Government]

School code		Construction or remodeling, 1958-62			Federal matching program					Purpose of expansion								
					Help local fund raising		To apply for matching grants			Increase enrollment		Additional programs			Expand existing programs			
		Total cost (not matching share)	Estimated matching funds (on hand)	Estimated matching funds, 5 years, 1958–62	Yes	No	Yes	No	Year	Dentistry	Dental hygiene	Dental hygiene	Assistant	Dental laboratory technician	Research	Graduate	Postgraduate	Other
1	Howard University [1]																	
2	University of Kansas City	2,500,000	500,000	1,000,000	X		X		1959	25	20		X	X	X	X	X	
3	New York University	6,500,000			X		X		1958		35							X
4	University of Maryland	1,400,000			X		X		1960 or 1962			25	X		X	X	X	
5	Seton Hall University	200,000		100,000 to 200,000	X		X			10								
6	University of California	3,500,000		1,000,000	X		X		1960 to 1962	85	40					X	X	
6	Northwestern University	1,250,000						X		10	10				X	X	X	
8	University of Texas [1]																	
9	University of Nebraska	1,500,000	250,000	1,000,000	X		X		1959	18		15			X	X	X	
10	University of Pennsylvania		200,000	200,000	X		X		1960									X
11	College of Medical Evangelists	300,000				X		X										
12	Columbia University	5,000,000	500,000	2,500,000	X		X		1960	2	6				X	X	X	
13	University of Alabama	750,000	300,000	750,000 to 1,000,000	X		X		1958	X			X			X	X	
14	University of Puerto Rico	1,500,000	750,000	750,000	X		X		1958				X	X	X	X	X	
15	Emory University	2,000,000	300,000 to 500,000	500,000 to 1,000,000	X		X		1959			15			X	X	X	X
16	Creighton University	2,500,000		1,250,000	X		X		1962	15			X		X		X	
17	Ohio State University [1]																	
18	University of Illinois	800,000		500,000	X		X		1961				X		X	X	X	X

19	University of Michigan	9,265,000		4,632,500	X		X		1959 or 1960	53	36		X	X	X	X		
20	University of Washington	100,000	100,000	100,000	X		X		1959 to 1964							X		X
21	University of Southern California	3,500,000		2,000,000	X		X		1958						X	X	X	
22	Harvard	2,000,000		1,000,000	X		X		1960	16						X	X	
23	Meharry Medical College	3,000,000		1,000,000	X		X		1960	14					X			
24	St. Louis University	2,000,000	500,000 to 600,000	750,000	X		X		1959 or 1960	12		20	X		X	X	X	
25	Baylor University	350,000				X		X					X		X	X	X	X
26	Georgetown University	1,500,000		1,500,000	X		X		1958	5		25	X		X	X	X	
27	Tufts University	3,000,000		1,500,000	X		X		1958	20		60	X		X	X	X	
28	Temple University							X										
29	Washington University	1,250,000			X		X			12		20			X	X	X	
30	University of North Carolina	2,500,000 to 3,000,000		1,250,000 to 1,500,000	X				1961	25	45		X		X	X	X	
31	College of Physicians and Surgeons	3,000,000	1,000,000	1,000,000	X		X		1959 or 1960	15					X	X	X	
32	West Virginia University [1]																	
33	Fairleigh Dickinson University				X		X		1960 to 1965	X	X				X	X	X	
34	University of Pittsburgh	1,000,000	2,000,000	3,000,000	X		X		1958 or 1959	48		30			X	X	X	
35	State University of Iowa	3,000,000		1,500,000	X		X		1958	36	8		X		X	X	X	
36	Loyola University (Chicago)	6,000,000	1,000,000	2,000,000	X		X		1958									
37	University of Tennessee	1,750,000		857,000	X		X		1959	60	36		X	X	X	X	X	
38	Loyola University (New Orleans)	3,000,000	1,000,000 to $1,500,000	1,500,000	X		X		1960	25		20			X	X	X	
39	University of Oregon	85,000		200,000	X		X				10			X	X			X
40	Indiana University	2,143,972	982,000	1,200,000	X		X		1958	77	15			X	X	X	X	
41	University of Minnesota	4,000,000		2,160,000	X		X		1961	50	50				X	X	X	
42	Medical College of Virginia	250,000			X		X		1960						X	X	X	
43	University of Detroit	450,000	200,000	200,000 to 300,000	X		X			X	X				X	X	X	X

See footnotes at end of table.

Part III. Construction or remodeling plans, 1958–62—Continued

School code		Construction or remodeling, 1958–62			Federal matching program					Purpose of expansion								
		Total cost (not matching share)	Estimated matching funds (on hand)	Estimated matching funds, 5 years, 1958–62	Help local fund raising		To apply for matching grants			Increase enrollment		Additional programs			Expand existing programs			
					Yes	No	Yes	No	Year	Dentistry	Dental hygiene	Dental hygiene	Assistant	Dental laboratory technician	Research	Graduate	Postgraduate	Other
44	Western Reserve University	3,000,000	------	1,500,000	X	------	X	------	1960	3	------	15	------	------	X	X	X	------
45	University of Louisville	2,000,000	------	750,000	X	------	X	------	1958 or 1959	------	30	------	X	X	X	X	X	------
46	Marquette University	250,000	200,000	250,000	X	------	X	------	1958 1959 1960	------	8	------	X	------	X	X	X	------
47	University of Buffalo [1]	------	------	------	------	------	------	------	------	------	------	10	17	7	34	35	34	8
	Total (47)	[2] 93,093,972 [3] 93,593,972	[2] 9,782,000 [3] 10,582,000	[2] 39,417,500 [3] 40,617,500	39	2	37	5	------	636	[4] 349	22% [4] 245	36%	15%	72%	74%	72%	17%

	Percent
Percent of schools that will request Federal funds (37 schools)	79
Percent of schools stating that Federal funds will stimulate local fund raising (39 schools)	83
Percent of schools planning new programs (25 schools)	53
Percent of schools planning expansion of existing programs (40 schools)	85

[1] No data supplied in this section of report.
[2] Low estimate.
[3] High estimate.
[4] Through increased enrollment in existing programs (349 students) and the establishment of new programs (245 students), the increase of freshman enrollment in dental hygiene programs would be 594.

Mr. DINGELL. May I also ask another question, please, Mr. Chairman?

Mr. WILLIAMS. Yes.

Mr. DINGELL. You say that you do not oppose, in speaking on behalf of the organizations that you do represent, the incentive payments?

Dr. PETERSON. That is correct.

Mr. DINGELL. Let me ask you, What is the manner in which dental schools are accredited?

Dr. PETERSON. That comes under the council of which I am the executive secretary. The Council of Dental Education is an agency of the American Dental Association. We do not have two groups as the AMA, or rather the medical profession and some of the other groups do. We have one agency. Ours is created a little differently. Ours is created with a council whose members actually compose three different groups.

So our schools are represented. Three of the nine members of our council are representatives from the American Association of Dental Schools. Three are from the licensing body. They are from the American Association of Dental Examiners. Three are from the ADA and are dentists. But the bills of the accrediting agency are all paid entirely by the Dental Association. No charges are made to the schools whatsoever.

Mr. DINGELL. I assume you are familiar with the bill offered by Mr. Fogarty which provides for incentive payments. Do you think the incentive features of that bill can be carried out without destruction and deterioration of the quality?

Dr. PETERSON. We have no fear in that regard for this simple reason: Our accrediting activities keep a rather close tie on the schools. As in any accrediting, there are certain limitations as to how frequently one can return for field inspections and investigations of the schools. However, we do make routine requests from them for information. Therefore, when the information indicates that there are problems created, we will make those visits to those particular schools even more frequently than to those in which there are fewer problems.

As a matter of fact, every school is under a directive that when any changes are made in their program, whether it be curriculum, methods of operation, their administration, and so on, those things are reported to the accrediting agency.

Therefore, we would assume, before any school made any increase in enrollment, they will announce that fact to us so they can be reevaluated.

Mr. DINGELL. You have reason to feel, then, that schools could expand, let us say, 5 percent without any destruction or deterioration of quality of your graduates?

Dr. PETERSON. I would say that a school could not expand if there were any serious objection by our council that that expansion should not be made.

Therefore, it would not be eligible for these additional funds.

Mr. DINGELL. Would it be fair to say that if adequate supervision is given by your organization to the quality of instruction and the quality of graduate students produced by the school which was under-

going expansion of the kind contemplated in the Fogarty bill, that we could have the benefits of the expansion feature of the bill and still have the competence produced?

Dr. PETERSON. Yes, certainly; many of the schools would be able to expand and keep their standards high. Some of this expansion will require additional faculty and so on, but they will be able to use some of their own resources for additional faculty.

Funds can be made to offset the capital expenditures which they would otherwise have to make.

I could not say, obviously, that every school can expect to expand without a lot of guidance. We would be in a position to guide them. We are not in business to put schools out of business. We are in business to keep schools in business and keep the standards high.

Mr. DINGELL. What you are telling me is that if the accrediting agencies do the proper kind of job in supervising and in carrying out their proper function, that the expansion feature of the Fogarty bill would not hurt either the schools, their standards, or the quality of their graduates. It that a fair statement?

Dr. PETERSON. That is the way we interpret it from our standpoint and our own obligation.

Mr. DINGELL. The converse would also be true. In other words, if deterioration in standards of dental graduates in dental education were to occur, it would occur because of the failure of the accrediting agency to carry out its proper responsibility and the responsibility which it has assumed.

Is that a fair statement?

Dr. PETERSON. The accrediting agency must provide completely the standards and criteria. If it failed to disapprove the school in which the standards were decreased or lowered below that of the standards which are desirable and established, then, yes; it would be wrong for us not to discredit that school.

Mr. DINGELL. If a deterioration in standards resulted as a result of a passage of a bill like the Fogarty bill, it would be a failure, not so much of the legislation, but of the accrediting agency.

Is that a fair statement, sir?

Dr. PETERSON. We feel we must keep our finger on every one of these schools so as to maintain the high standards.

Mr. DINGELL. Thank you very much.

I hope Dr. Hussey is in the room and heard that.

Dr. PETERSON. We worked very closely together.

Mr. DINGELL. I am not trying to start any fight between physicians and dentists. I think there is room for improvement on the statement made by Dr. Hussey yesterday.

Dr. DARLEY. Dr. Hurz would like to speak to the need of his own school at this time. I would like to speak just a little more about the accrediting situation, and then Dr. Armistead from the veterinarians' school will speak.

Could we have another few minutes?

Mr. WILLIAMS. Doctor, I think we can probably go another 10 or 15 minutes.

Let me ask you, How many of the members of the panel or of those who are scheduled to appear this morning will be available to be here this afternoon? I think you will not, Doctor; is that right?

Dr. DARLEY. I will have to leave.

Mr. WILLIAMS. I have several questions I want to ask the Public Health Service so I do hope that they will be here. As to the others, I leave that to your judgment, Doctor, as to whether to continue as a panel or not.

Dr. DARLEY. I would like to say that in order to complete our testimony, since I will not be here this afternoon, that our accrediting arrangement is such that we make no charge to any of the medical schools for this service.

Speaking, I am sure, for the group who is responsible for the accreditation, we have no fear as far as our ability is concerned, in seeing that our medical schools maintain proper standards. We have enjoyed excellent cooperation. The universities and medical schools and everyone else have cooperated. Our effort is to help our schools maintain the highest possible standards.

We have a statement as to the functions and structure of the modern medical school that is a joint statement by the Association of American Medical Colleges and the AMA.

We are in the process now of preparing a similar statement so we can be a maximum help to any institution that is planning to develop the first 2-year program of medicine.

Mr. DINGELL. Mr. Chairman, I know that the doctor is in a hurry to leave, but may I ask a question?

Mr. WILLIAMS. Yes.

Mr. DINGELL. Doctor, let me continue on the same line I was pursuing with another distinguished member of the panel.

Let me ask you this question——

Mr. WILLIAMS. How long can you be here, Doctor?

Dr. DARLEY. I must leave at 12:30.

Mr. DINGELL. May I have about 3 minutes, then, Mr. Chairman?

Mr. WILLIAMS. You go right ahead.

Mr. DINGELL. I want to get around to this business of accrediting. I assume that the Association of American Medical Schools and the AMA propose to continue high standards of medical education. That is a fair statement, certainly. And also that it would be a fair thing to assume that the same organizations will continue to assume a fair degree of responsibility in assuring that these carry out a program to produce the proper quality of graduates.

Is that a fair statement, Doctor?

Dr. DARLEY. That is right.

Mr. DINGELL. Would it not be fair to say that, having assumed this responsibility, that these two organizations have a great obligation to see to it that these schools carry out proper standards of medical education?

Dr. DARLEY. That is right.

Mr. DINGELL. Would it not be a fair statement also that if the Forgarty bill passes, that these two organizations will continue to bear the same responsibility in a proper way and will see to it that the graduates and that the schools maintain proper standards?

Dr. DARLEY. Certainly.

Mr. DINGELL. So if there is any failure on the part of the schools to maintain a proper standard for medical education, would it not be a fair statement, Doctor, to say that both the AMA and the Asso-

ciation of American Medical Schools have failed to carry out their self-assumed responsibility in seeing to it that the schools maintain the proper standards for their graduates? Is that not a fair statement?

Mr. DARLEY. I would like to turn it the other way. I am certain that we would see that every school maintains proper standards at all times.

Mr. DINGELL. You will see to that?

Dr. DARLEY. Yes, sir.

Mr. DINGELL. So that all this talk we have been hearing the last couple of days about this bill—if we have an incentive feature in it resulting in destruction of standards, that is unfounded because these two organizations are going to see to it that that does not happen?

Dr. DARLEY. Whether the incentive feature is in the bill or not causes me no concern. We will see to it that standards are maintained.

I would like to say that in this survey which we have almost completed, 50 schools have indicated that if their physical plant needs could be satisfied, they could increase enrollment over a period of 2 to 10 years.

Mr. DINGELL. To what extent could they increase it?

Dr. DARLEY. And in no instance was there any less than a 5-percent increase in enrollment indicated. They run from 5 to 20 percent, most of them.

Mr. DINGELL. You mean if their physical plants are rehabilitated?

Dr. DARLEY. Or new construction.

Mr. DINGELL. But new construction would fall more under the incentive feature.

Dr. DARLEY. This is without any incentive features. The schools, 50 of them, have indicated that if they can have their construction needs satisfied, and part of this is remodeling and part of it is new construction, none of them indicated any less than an anticipated increase of 5 percent.

The total that is going to be increased in enrollments in a period of 10 years will be in the neighborhood of a thousand students. That is not including any anticipated new schools or any anticipated 2-year schools—new 4-year schools.

Mr. DINGELL. Of course, an increase of a thousand students is over what period of time?

Dr. DARLEY. Two to ten years.

Mr. DINGELL. Two to ten years. Would that enable us to maintain the present standards that we have as far as the number of doctors and patients?

Dr. DARLEY. No, Dr. Lippard brought that out in his statement.

Dr. LIPPARD. Our calculation is that by 1975 we should need to be producing 2,000 students more per year than we are producing at the present. If the schools live up to their predictions, they may increase their student bodies by a thousand.

Mr. DINGELL. Which is a net loss of a thousand physicians from the present ratio.

Dr. LIPPARD. There still would be a net deficit of a thousand which would have to be made up by a creation of 10 or 11 additional new schools now not in existence.

Mr. WILLIAMS. How many new medical schools are now in the planning stage?

Dr. DARLEY. Just one. The University of Kentucky. There are other agencies and communities looking into the matter. It is not fair to put any of those on the spot.

I anticipate—this is a personal anticipation—that within the next 10 years we will see several good new schools start.

Mr. WILLIAMS. Doctor, how many new medical schools have opened, or have changed over from 2 years to 4 years in the past 20 years?

Dr. DARLEY. I cannot answer that offhand, but it is a good many. During the war I think we had nine 2-year schools, and those have all gone over now to the 4-year school or are in the process except 3, Dartmouth and 2 that closed. We have had two schools that started from scratch. The Albert Einstein School is one. The school at Seaton Hall is another. The University of Florida is a third. Miami is a fourth.

It is a substantial development, I think.

Mr. DINGELL. On the basis of what you were telling me, a deficit of a thousand doctors, there is a very real need for incentive features to stimulate this thing.

Dr. DARLEY. We have no objection to the incentive feature, I am sure.

Mr. DINGELL. I would like to hear from the gentleman on your right. Would you give us your experience on that?

Dr. LIPPARD. About the incentive feature?

Mr. DINGELL. Yes, sir.

Dr. LIPPARD. I am just not sure just how much difference it would make. I feel very strongly that if funds were provided on a 50–50 matching basis, that this would be of tremendous impetus to the establishment of new schools.

Whether 66 percent would give greater impetus than 50, I am not sure.

Mr. DINGELL. Would it not be right to assume that it would be greater impetus than the 50 percent?

Dr. LIPPARD. I do not believe that any responsible educational institution is going to make the decision whether to embark on such a large enterprise as the establishment of a medical school and its continued support because it is going to get $1 million or $2 million more one way or the other.

Mr. DINGELL. $1 million or $2 million more on a $3 million project might make a considerable make weight.

Dr. LIPPARD. But in the establishment of a new school we are not talking in that range.

Mr. DINGELL. Or an increase in the number of graduates, 5 percent, according to the Fogarty bill as I read it. Would that be a big make weight? That is 16 percent less, roughly, that the school has to go out and collect by private subscription or by talking to the legislature or the local government or whatever it might be.

Would that not be a fair statement, Doctor?

Dr. LIPPARD. Yes; it certainly is 16 percent less.

Mr. DINGELL. And would it not be fair to say that is going to be a whale of a big make weight when they are going to have to raise $160,000 less?

Dr. LIPPARD. Yes. I think that if they decide that this is a desirable feature, the schools will be glad to see it done. But our stand is primarily that there should be some assistance. Whether it be 50 or 66 percent, I think we should leave it to you.

Mr. DINGELL. You will not quarrel with us if we put out a 66-percent incentive feature?

Dr. LIPPARD. No.

Mr. DINGELL. Doctor, I certainly want to thank you very much.

Dr. DARLEY. Shall we hear from Dr. Herz about his school?

Mr. WILLIAMS. Go right ahead.

Dr. HERZ. Mr. Chairman, thank you.

The College of Physicians and Surgeons is in San Francisco. We are a public trust nonprofit organization in character. We have our school in a wooden frame building which is over 50 years of age. We do not own the building. We rent it.

We have determined in the next 5 years that we have got to have a new facility entirely, new building, new equipment, because everything is outmoded and rundown.

We have graduated on the average of 50 to 55 students per year for the last 10 years, and we could very nicely increase our whole faculty and also our students if we had a new facility, a new school.

The school has a high standard among the dental schools of America. We are accredited, and the Council on Dental Education is very satisfied with the way we are operating.

Just to show you the popularity of this school, last year 550 applications were taken and we could only accept 54.

We would very much appreciate a matching grant on the part of the Federal Government.

Mr. WILLIAMS. I am sure you would.

Dr. HERZ. We really would. I think we could do a great job for dentistry and for the public of California.

You must realize that the State of California is in this position: Their population is growing rapidly. There is an influx of 1,000 people a day, plus the birth of 600 babies each day. So the educational problems of the State of California are very great.

We have applied and asked the foundation and everyone to try to get money to build these buildings and we have not been successful.

The State of California has not been listening very kindly either. Consequently, there is only one other place we can get aid and that is through these bills of the Federal Government.

Mr. WILLIAMS. Doctor, have you approached the Legislature of the State of California?

Dr. HERZ. We have talked indirectly with the president of the University of California, and he is very much against it.

Mr. WILLIAMS. You have a very liberal State legislature, I understand. They do not mind voting for funds for just about everything else. I am surprised that you have not asked the legislature for a little help to your school.

Dr. HERZ. Right now the State legislature is having a very difficult time passing the budget, and they have been many days arguing and they have not yet come to a conclusion. So I do not know. It is quite a problem.

Mr. WILLIAMS. We are having a little difficulty in our own budget. Senator Byrd said it is going to run $8 billion in the hole this year.

Dr. HERZ. I appreciate that. These figures are fantastic, but I feel that medical and dental education are so vital and so necessary to the health of the nation that the Federal Government should add some funds to the construction and maintenance of research, and so on. It is only by research that we can prevent medical and dental diseases, and we can keep astride and abreast with the educational facilities that we have.

As the years go on, the population increases, and we are going to need more dentists and more physicians. If we can establish through this research, the prevention of these diseases, maybe we will not need so many physicians and dentists.

Mr. WILLIAMS. Doctor, what will you do if we kill this bill? Will you close the school down?

Dr. HERZ. No; there would be a calamity if we closed the school.

Mr. WILLIAMS. I am sure there would be.

Dr. HERZ. Because there are now 4 schools in the State of California; 1 is run by the State and the 3 others are private schools. So it would be a great calamity to the State of California if this school were closed.

Mr. WILLIAMS. I am sure it would. But will the school close?

Dr. HERZ. It will not close. We would have to keep going someway.

Mr. WILLIAMS. You would find some way to keep going, if it meant going to the California Legislature.

Dr. HERZ. We are determined in someway to try to get funds in the coming years to build a new building.

Mr. WILLIAMS. And the Federal Government seems to be the easiest way to find it.

Dr. HERZ. Yes, sir; I would say that.

Mr. WILLIAMS. Federal funds are more accessible than any other funds that you know of; are they not?

Dr. HERZ. Well, at the present it probably is; yes.

Mr. WILLIAMS. Of course, the more money we print, the more funds you are going to need.

Dr. HERZ. I guess that is right; only what is necessary, however.

Mr. WILLIAMS. No; I am serious, Doctor. What will you do if you do not get Federal aid?

Dr. HERZ. We will just have to continue the way we have been. We have a very enthusiastic alumni. They have been donating money upon a monthly basis. But, of course, in order to build a new building today with the space that we require, which is somewhere around the neighborhood of 75,000 square feet, the costs of construction plus the new equipment would run close to $2 million, maybe more, perhaps $2.5 million. It would be a very difficult problem to get $2.5 million from our alumni.

We have alumni somewhere in the neighborhood of a thousand active people. It would be an impossibility to get $2 million from them. We have to get funds from some source, either from the government or from private industry or foundations.

We have applied to all the foundations in the country, and we have met with no response.

Mr. WILLIAMS. Have you applied to industry? You indicated that there was a possibility there.

Dr. HERZ. We have made inquiries in industry also.

Mr. WILLIAMS. Of course, you did not apply to the California Legislature?

Dr. HERZ. No.

Mr. DINGELL. If you were not desperate, you would not be here today; is that not right?

Dr. HERZ. Yes.

Mr. WILLIAMS. I have never known anybody to stop up the chimney on Christmas Eve night.

Doctor, may I say that I have the greatest of sympathy for the needs of the medical schools throughout the country and the dental schools, perhaps even more so than the medical schools, on the basis of the testimony that has been presented here. But I am very much concerned, as I am certain every other person in this country is who has given any thought to the subject, over the fiscal situation that we are facing in our Federal Government.

Also, I am concerned over our constitutional separation of powers—the limitation of power placed by the Constitution on the Federal Government and the expenditure of public money. Of course, I know the only basis for Federal aid to these schools is to be found in a rather broad imaginary interpretation of the general welfare clause in the Constitution which has already been stretched out of shape by your Justice Warren and a few others, but I am wondering if Federal aid is actually the great panacea that everyone seems to think it is; that it will cure all the evils that beset us.

I am disappointed to hear you gentlemen state that you have not asked for help from the State legislature before coming to the Federal Congress for help. In spite of the explanation that this a national problem, the operation of your school is a local problem and it is primarily a problem of your school and the State of California.

I am very frank to state that I think you should start seeking help at home and exhaust every possible remedy before coming to the Congress. I am quite certain you will agree with me on that philosophy.

I did not mean to be critical. It just seems to be the general pattern for everyone who sees an opportunity to do so to collect a few newly printed Federal dollars which are rapidly diminishing in value.

Excuse me. I have made my speech. You may how proceed, Doctor.

Dr. DARLEY. I think that rests our case.

The schools of public health will be filing a statement of needs so that you can compare it with what you have heard from the dental and medical schools.

The schools of veterinary medicine have yet to be heard from.

Mr. WILLIAMS. May I inquire also, Doctor, if you consulted the associations that have to do with education in the fields of optometry, chiropractic, pharmacy, podiatry, and other phases of physical medicine and might be considered to be in the medical field? Is it your intention to support amendments to this legislation to make it all-inclusive?

Dr. DARLEY. No, sir.

Mr. WILLIAMS. Are they not encountering the same difficulties that the medical schools are?

Dr. DARLEY. I cannot speak for those groups because I do not know a thing about them, sir.

Mr. WILLIAMS. Assuming that they should make a case equally as strong as the case that you have made, would you then support their being included in the legislation?

Dr. DARLEY. I doubt it.

Mr. WILLIAMS. All right, sir.

Have you concluded now, Doctor?

Dr. DARLEY. Yes, sir.

(The following material was later received from Dr. Darley:)

ASSOCIATION OF AMERICAN MEDICAL COLLEGES,
Evanston, Ill., May 1, 1958.

Hon. JOHN BELL WILLIAMS,
House of Representatives,
Washington, D. C.

MY DEAR CONGRESSMAN WILLIAMS: As I indicated at the hearing, I am enclosing a copy of the survey of medical school construction needs as it has finally been completed. The delay has been due to the need for checking accuracy with the deans. I hope that the schedule along with this letter can be made a part of the April 22–23 committee record.

You will note that the total needs stand at $24,597,500 for remodeling and $253,679,100 for new construction.

Satisfying these needs would not only provide an increase of more than 1,000 students in each freshman class, but would also make possible the modernization and addition of facilities to the end that the teaching programs for all students would be strengthened and kept up to date. If we are to keep our educational programs abreast of the tremendous progress that is currently taking place and will continue to take place in medicine, both students and faculty must have adequate facilities in which and with which to work.

I call your attention to the fact that, with the exception of the University of Puerto Rico, the figures in the schedule have carefully excluded any estimated need for research or clinical facilities or for scientific and teaching equipment. In those instances where the deans have indicated a serious lack of research and clinical facilities, I have so indicated in the right-hand column. The indicated need for research facilities highlights the importance of extending title VII of the Public Health Services Act for another 3 years.

Most of the deans feel that if matching funds can be made available, it would move their building schedules ahead by many years. Many schools have funds on hand or have quick access to funds which, if increased by a matching factor of 1 to 1 or 2 to 1, would let them move ahead very quickly. Otherwise, the execution of their plans will be considerably delayed. I think that the experience with title VII of the Public Health Services Act has shown how the provision of matching funds can accelerate a worthwhile development of vital facilities. I am sure that the same would happen if similar provision were made for educational facilities.

You will recall the testimony of Dr. Vernon Lippard which brought out that if we are to maintain our present physician-population ratio, by 1970 we will need to increase our annual output of medical graduates by a factor of 2,000.

The satisfaction of the construction needs for the medical schools presently in existence would take care of half of this. I am certain that if matching funds could also be made available for new schools, we would meet the rest of the need and probably considerably more. There are many communities and institutions looking into the question of establishing new medical schools. If the Congress would help provide the necessary capital funds, I believe that many of these new schools would come into being much sooner than would otherwise be the case.

And speaking of new schools, I want to mention again that a recent survey has shown that there are currently between 300 and 400 vacancies in our third-year classes. In the past, transfers from schools that offer the first 2 years of medicine have pretty much filled these vacancies, but since 1940 many of these schools, such as Utah, Alabama, Mississippi, and Missouri, have gradually been

developing 4-year programs. Now, with only three such schools left (North and South Dakota and Dartmouth), most of these vacancies are going unfilled. Obviously, the capital investment is much less for a 2- than for a 4-year school, so that it is very likely that the provision of matching funds would first reflect itself in new 2-year schools. If all of the third-year vacancies could be filled, it would add another 300 to 400 doctors to our annual output. Finally, it is the rule that most 2-year schools eventually develop into 4-year institutions, so that here again matching funds would be playing an important role in bringing full-fledged, 4-year schools into being.

As your committee may give consideration to the question of matching funds for the extension of title VII of the Public Health Services Act and, in addition, to the provision of matching funds for the construction of educational facilities in medicine and dentistry, I think that the question of the time element should be kept in mind. It takes time to plan, construct, bring into use and realize the result from new facilities. With our population increasing at a faster rate than our output of physicians, time is of the essence. I think there can be no doubt that the provision of construction matching funds would step up our timetable by many years. Here is where congressional action can result in great good for our country.

In closing I would like to say that as your committee continues to ponder this question, if there is anything that we can do to answer questions or provide additional information, please do not hesitate to let us know.

Sincerely yours,

WARD DARLEY, M. D.,
Executive Director.

Survey of dollar need for educational facilities (research and clinical facilities excluded from the estimates)

	Dollar construction needs		Effect on freshman enrollment
	Rehabilitation	New construction	
Alabama: Medical College of Alabama, Birmingham		$750,000	5 to 10 percent (8).
Arkansas: University of Arkansas School of Medicine, Little Rock		400,000	
California:			
College of Medical Evangelists, School of Medicine, Los Angeles		4,000,000	10 percent (7).
University of Southern California School of Medicine, Los Angeles		13,180,000	(?) Moving campus.
Stanford University School of Medicine, San Francisco	$2,750,000	8,666,000	20 percent (20) by 1960. 25 percent (25) by 1965.
University of California School of Medicine, San Francisco		14,500,000	100 percent (50) New school; need new clinical facilities.
University of California School of Medicine, Los Angeles	307,000	1,647,500	10 percent (10) Rehabilitating entire medical campus; need new clinical facilities.
Colorado: University of Colorado School of Medicine, Denver	200,000	750,000	None.
Connecticut: Yale University School of Medicine, New Haven		4,000,000	25 percent (25).
District of Columbia:		8,000,000	20 percent (20). Additional clinical facilities needed.
Georgetown University School of Medicine			
George Washington University School of Medicine			
Howard University College of Medicine		1,780,000	30 percent (16). New school.
Florida:		4,000,000	5 to 10 percent (4). New school.
University of Florida College of Medicine, Gainesville			
University of Miami School of Medicine, Miami	200,000		None. Need new research and clinical facilities.
Georgia:	(1)	(1)	Need new research and clinical facilities.
Emory University School of Medicine, Atlanta		7,200,000	38 percent (28).
Medical College of Georgia, Augusta			
Illinois:		6,833,000	10 percent (8).
Chicago Medical School, Chicago	350,000	5,350,000	13 percent (12).
Northwestern University School of Medicine, Chicago	1,900,000	3,300,000	20 percent (34).[2]
University of Chicago School of Medicine, Chicago	1,715,000	2,000,000	40 percent (50).
Stritch School of Medicine of Loyola University, Chicago		1,100,000	None.
University of Illinois College of Medicine, Chicago	100,000	2,000,000	10 percent (10) consolidate school on 1 campus.
Indiana: University of Indiana School of Medicine, Indianapolis			New school. Principal need, new hospital.
Iowa: State University of Iowa School of Medicine, Iowa City		5,000,000	10 percent (10).
Kansas: University of Kansas School of Medicine, Kansas City			
Kentucky:		1,000,000	Do.
University of Kentucky School of Medicine, Lexington	1,500,000	3,000,000	8 percent (10). Principal need, hospital.
University of Louisville School of Medicine, Louisville			
Louisiana:			
Louisiana State University School of Medicine, New Orleans			
Tulane University School of Medicine, New Orleans			

[1] Adequate at present.

[2] This enrollment increase now being made. New construction badly needed because of this.

Survey of dollar need for educational facilities (research and clinical facilities excluded from the estimates)—Continued

	Dollar construction needs		Effect on freshman enrollment
	Rehabilitation	New construction	
Maryland:			
Johns Hopkins University School of Medicine, Baltimore	$2,520,000	$2,000,000	None. New curriculum.
University of Maryland School of Medicine, Baltimore	2,654,000	15,000,000	23 percent (20-30).
Massachusetts:			
Boston University School of Medicine, Boston		10,000,000	39 percent (28).
Harvard Medical School, Boston	3,000,000	11,000,000	20 percent (23).
Tufts University College of Medicine, Boston		3,000,000	5 to 10 percent (5-11).
Michigan:			
University of Michigan School of Medicine, Ann Arbor		9,000,000	None.
Wayne State University College of Medicine, Detroit		2,500,000	40 percent (50). Research facilities needed.
Minnesota: University of Minnesota Medical School, Minneapolis	150,000	1,916,000	20 percent (25).
Mississippi: University of Mississippi School of Medicine, Jackson			New school; need research and psychiatric facility.
Missouri:			
St. Louis University School of Medicine, St. Louis		1,000,000	
Washington University School of Medicine, St. Louis	225,000	225,000	None.
University of Missouri School of Medicine, Columbia			25 percent (25). Needs research facility, new school.
Nebraska			
University of Nebraska College of Medicine, Omaha		2,607,000	None. Needs research and clinical facilities.
Creighton University School of Medicine, Omaha		3,400,000	5 percent (4).
New Hampshire: Dartmouth Medical School, Hanover		4,000,000	100 percent (25). New curriculum; needs research facilities.
New Jersey: Seton Hall College of Medicine, Jersey City			5 to 10 percent (6). New school.
New York:			
Albany Medical College, Albany		3,500,000	16 percent (10.
Albert Einstein College of Medicine of Yeshiva University, New York		600,000	(8). New school; principal need, hospital.
State University of New York, Downstate Medical Center, Brooklyn			25 percent (50). Principal need, hospital.
University of Buffalo School of Medicine, Buffalo			25 percent (20). Principal need, hospital and research.
Columbia University College of Physicians and Surgeons, New York		4,250,000	Research facilities needed.
Cornell University Medical College, New York		1,000,000	None. Research facilities needed.
New York Medical College, New York		1,000,000	(?).
New York University College of Medicine, New York		1,000,000	Research and clinical facilities needed.
University of Rochester College of Medicine and Dentistry, Rochester	212,500	625,000	Needs research and clinical facilities.
State University of New York, Upstate Medical Center, Syracuse		4,000,000	Clinical facilities badly needed.
North Carolina:			
Bowman Gray School of Medicine of Wake Forest College, Winston-Salem	350,000	1,500,000	10 percent (5-6). Clinical facilities badly needed.
Duke University School of Medicine, Durham	1,000,000	5,000,000	23 percent (24).
University of North Carolina School of Medicine, Chapel Hill		6,000,000	30-35 percent (20-25). New school.
North Dakota: University of North Dakota School of Medicine, Grand Forks			

Ohio:			
University of Cincinnati School of Medicine, Cincinnati	300,000		18 percent (19).
Western Reserve University School of Medicine, Cleveland		4,000,000	9 percent (8). New curriculum.
Ohio State University College of Medicine, Columbus		6,250,000	25 percent (50).
Oklahoma: University of Oklahoma School of Medicine, Oklahoma City	945,000	2,550,000	20 percent (25). Needs clinical facilities badly.
Oregon: University of Oregon School of Medicine, Portland		1,750,000	20 percent (15). Needs research facilities.
Pennsylvania:			
Hahnemann Medical College of Philadelphia		3,130,000	20 percent (21).
Jefferson Medical College of Philadelphia		1,650,000	12 percent (25). Needs clinical facilities.
Temple University School of Medicine, Philadelphia	500,000	2,500,000	15 percent (20). Research facilities needed.
University of Pennsylvania School of Medicine, Philadelphia	1,275,000	225,000	5 percent (6–7).
Woman's Medical College of Pennsylvania, Philadelphia		2,500,000	20 percent (10).
University of Pittsburgh School of Medicine, Pittsburgh		1,000,000	None.
South Carolina: Medical College of South Carolina, Charleston			None, Needs research facilities badly.
South Dakota: University of South Dakota School of Medicine, Vermillion		50,000	None. Needs research facilities.
Tennessee:			
University of Tennessee College of Medicine, Memphis		1,900,000	5 percent (15) clinical facilities badly needed.
Meharry Medical College, Nashville		1,124,600	16 percent (15) needs clinical facilities.
Vanderbilt University School of Medicine, Nashville	1,144,000	4,500,000	50 percent (25).
Texas:			
Southwestern Medical School of the University of Texas, Dallas			
Baylor University College of Medicine, Houston			
University of Texas School of Medicine, Galveston		1,200,000	None.
Utah: University of Utah College of Medicine, Salt Lake City		2,800,000	15 percent (10).
Vermont: University of Vermont College of Medicine, Burlington		7,000,000	50 percent (25).
Virginia:			
University of Virginia School of Medicine, Charlottesville			
Medical College of Virginia, Richmond	1,000,000	5,000,000	20 percent (16). Research facilities badly needed.
Washington: University of Washington School of Medicine, Seattle		1,620,000	(?). New school.
West Virginia: West Virginia University School of Medicine, Morgantown	(1)	(1)	100 percent (30). New school.
Wisconsin:			
Marquette University School of Medicine, Milwaukee		1,500,000	None.
University of Wisconsin Medical School, Madison	300,000	1,850,000	9 percent (10).
Puerto Rico: University of Puerto Rico School of Medicine, San Juan		7,000,000	25 percent (13). Figure also includes dentistry and public health.
Total	24,597,500	253,679,100	(1,076).

[1] Needs taken care of for the time being.

Mr. WILLIAMS. Permit me, on behalf of the committee, to express our appreciation to you gentlemen. I know that some parts of this hearing have been rather hectic, but we are very grateful to you for making a clear presentation of your case.

No doubt there is a very serious problem existing in this field.

As I stated in my opening statement, I am personally very much concerned over the extent to which there is a Federal responsibility to solve this problem.

The other members of the committee, I am sure, will disagree with my attitude toward this type of legislation.

That is neither here nor there. That is expected in any legislative committee, but I do think your presentation has been fair and I think it has been invaluable insofar as this committee is concerned. I think you have rendered a great public service in coming here.

Dr. Burney, will you and your associates be able to be here this afternoon?

Dr. BURNEY. Yes.

Mr. WILLIAMS. Will the veterinarians be represented this afternoon?

Dr. ARMISTEAD. Yes.

Mr. DINGELL. I also notice a representative from the AFL–CIO in the room. I think they desire to give us testimony.

Mr. BOOKBINDER. Mr. Chairman, I have a statement from the AFL–CIO which I will be very happy just to submit for the record on account of the pressure for time.

Mr. WILLIAMS. If you think that will serve your purpose, we will be glad to receive it. Or if you prefer to appear personally, we will be glad to hear from you.

Mr. BOOKBINDER. Might I submit it for the record; and then, if in your judgment you would like to question us, we will be glad to come back.

Mr. WILLIAMS. We will be glad to receive it.

(The statement of the AFL–CIO follows:)

STATEMENT OF ANDREW J. BIEMILLER, DIRECTOR OF LEGISLATION, AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS ON LEGISLATION TO AID MEDICAL EDUCATION

We appreciate very much the opportunity to appear before the Subcommittee on Health and Science in support of legislation to provide Federal aid to medical education.

At the Second Constitutional Convention of the AFL–CIO in December 1957, a resolution was adopted which states, in part, as follows:

"*Resolved*, That the AFL–CIO reaffirms the principles and objectives set forth in the 1955 convention resolution on health programs and urges, as the steps most needed in the immediate future:

"The enactment of a program of Federal assistance to professional institutions engaged in the training of doctors, dentists, nurses, medical technicians, and related personnel in the form of grants for the construction, expansion, equipment, and maintenance of physical facilities. The program should also provide scholarships to aid qualified students to meet the high cost of medical education."

The pressing need for an adequately financed program of Federal aid to stimulate and help support the expansion of the Nation's medical training facilities is clear and apparent. One of the most serious problems confronting the country today is the persistent shortage of doctors, dentists, medical technicians, and health professionals of all kinds. In the absence of congressional action to meet the problem, this shortage can only grow steadily more acute,

adding further to the mounting cost of medical care and impairing its quality and availability to the public at large.

Recent years have seen a striking expansion in the demand for medical services. The rapid spread of health-insurance programs and prepayment plans of various kinds has meant that millions of people who previously lacked the means to avail themselves of the kind of medical attention that they needed and should have are now in a position to do so. The shift in population from rural to urban areas has added further to the demand for services. Greater life expectancy has increased the proportion of the population in the upper age groups, where the highest incidence of chronic health conditions and the greatest need for medical services exists. These trends can be expected to continue, at an accelerated pace, in the future.

In the face of this, the supply of physicians is increasing at a relatively static rate that falls far short even of the rate that would be required to maintain the existing doctor-patient ratio against the normal increase in population. More people demanding more services per person, pressing upon a worsening shortage of physicians, can only increase the price of medical services, impair the value of health-insurance plans, and raise a higher cost barrier between the public and the best that modern medical science has to offer.

The simple arithmetic of our present and prospective situation clearly demonstrates the need for prompt and forthright action. There are at present about 130 physicians per 100,000 of population in the United States. Even leaving aside the question of how far below our real needs that is, it is obvious that, with a rate of population growth of 3 million persons a year, a net current addition of about 4,000 physicians a year is the absolute minimum that is needed, just to maintain the present physicians-to-population ratio. Yet today, the net annual gain is the number of physiicans is no more than 3,000, after the number of deaths and retirements from practice are deducted from the 7,000 medical-school graduates newly entering practice.

The prospect for the early future further underscores the need for action. By way of example, no less of an authority than Dr. Vernon W. Lippard, dean of the Yale University School of Medicine, has estimated that if the population reaches 220 million in 1975, as predicted, the Nation's medical schools will have to produce at least 2,000 more physiicans a year in order to maintain a ratio of 1 physician to every 750 persons.

These are very conservative estimates of the measure of need, and of the degree to which we are now falling short of meeting the most minimal requirements of the public. We actually need not only to maintain the supply of doctors relative to the population; we need to improve it so as to overcome our current deficiencies. It may be recalled that in 1952, the President's Commission on Health Needs of the Nation declared that 22,000 additional physicians, over and above the predicted supply, would be needed by 1960 in order to bring the regions of the Nation with the lowest ratios of physicians to population up to the current average for the Nation; 30,000 more than the predicted supply in order to provide reasonably comprehensive medical care to the whole civilian population and to meet other needs such as public health and Armed Forces requirements; and 45,000 more than the predicted supply in order to bring all regions of the United States up to the average physician-populations of New England and the Central Atlantic States.

The chief barrier to any substantial increase in the supply of physicians is the limited capacity of the Nation's medical schools, and the chief barrier to any substantial expansion of medical-school capacity is financial. It costs from $12,000 to $15,000 to train 1 new doctor (more than 4 times as much as a general university education) and more than $25 million to establish 1 new medical school. The medical schools are already hard-pressed just to meet their bare operating budgets at present levels of activity. Existing sources of financial support are completely unable to bear unaided the burden of cost involved in any effort to undertake a construction and expansion program commensurate to the Nation's needs. Federal financial aid is the only realistic and practical answer.

The AFL–CIO believes, furthermore, that a program of Federal aid should be designed not only to expand the capacity of medical schools to accommodate students without injury to the quality of training they receive, but should also serve to expand the opportunities afforded the Nation's youth to secure a medical education, and increase the number of those who can afford to apply for admission to medical school. A Federal-aid program should, therefore, include aid to the student, in the form of scholarships, as well as aid to the school.

Turning to the bills that are now before the subcommittee, the Fogarty bill (H. R. 7841) approaches most nearly the objectives of the AFL–CIO. The amounts authorized, totaling $60 million per year for medical, dental, and public-health schools, are much more realistic in terms of the magnitude of the need and the task than the $195,000 5-year aggregate set forth in H. R. 6874 and H. R. 6875. And, perhaps most importantly, the Fogarty bill contains a positive incentive, in the form of an increase in the Federal share of the cost of construction (66⅔ instead of 50 percent) in the case of new schools and schools which give satisfactory assurances that freshman enrollment will be increased by 5 percent. The purpose of the program, after all, should be not merely to support schools at their present levels but to promote the expansion of their capacity to train additional professional personnel so as to overcome the shortages of the present and to meet the demands of the future. The prospect of such expansion represents the primary public interest in this legislation.

While H. R. 7841 does not contain all the provisions that we regard as desirable, its enactment would be a long step toward the solution of an urgent national problem. The AFL–CIO, therefore, strongly urges that the subcommittee give its approval to H. R. 7841.

Mr. WILLIAMS. This afternoon we will hear from the American Veterinary Association and the Public Health Service, Dr. Burney.

The committee will stand adjourned until 2 o'clock.

(Thereupon, at 12:25 p. m., the committee recessed, to resume at 2 p. m.)

AFTERNOON SESSION

Mr. WILLIAMS. May I say for the benefit of the people present here and especially the witnesses that we will be operating somewhat of a handicap this afternoon due to the fact that we are expected to be called to the floor any minute.

I have already asked Dr. Burney if it would be possible for him to defer his question and answer period at least until a later date to be mutually agreed upon.

And he has graciously agreed to do that.

I think at this time we will call the gentlemen representing the veterinary schools.

Dr. Armistead.

Doctor, you have a prepared statement, I believe?

The committee will be lucky if we can conclude with your testimony.

You may proceed, Doctor.

Dr. ARMISTEAD. Thank you very much, Mr. Chairman and members of the committee.

STATEMENT OF DR. W. W. ARMISTEAD, AMERICAN VETERINARY MEDICAL ASSOCIATION

Dr. ARMISTEAD. I am W. W. Armistead, a doctor of veterinary medicine, appearing in behalf of the American Veterinary Medical Association. I am presently serving as president of this association, and am also dean of the College of Veterinary Medicine, Michigan State University, East Lansing, Mich.

Veterinarians, as a professional group, have definite and individual responsibilities in safeguarding the health of the people of this country.

The immediate contact most of the public have with members of our profession is in safeguarding the health of animals. There is general

recognition that a healthy and prosperous agricultural economy is of paramount concern to the national welfare. The responsibilities of veterinarians are vested primarily in this endeavor.

However, as the horizons of public health have expanded, veterinarians have been called on also to bring their special knowledge and skills to bear on problems having human animal interrelationships.

The term "sciences related to health" in the Public Health Service Act which will be amended through enactment of the proposed legislation under discussion, has been interpreted to include veterinary medicine. However, neither H. R. 6874 nor H. R. 7841 makes provision for funds for the growth and development of schools of veterinary medicine.

It is this omission in the proposed legislation to which this statement is directed.

Our association feels that the maximum medical and scientific potential of this country cannot be reached without meeting the needs of research and teaching of the professions closely related to human medicine.

While the research, teaching and professional activities in the field of veterinary medicine are closely related to, and in some instances inseparable from, the problems of human medicine and public health, there is a rapidly expanding demand for the services of highly trained veterinarians in disciplines falling within the broad definition of public health.

Your committee has in its files a letter from Mr. Russell I. Thackery, executive secretary of the American Association of Land-Grant Colleges and State Universities, from which I would like to quote two short paragraphs.

> The Public Health Service employs several hundred veterinarians, as does the Department of Agriculture in its meat and other food inspection work, a public health activity. State and municipal departments of public health rely heavily on the graduates of veterinary schools of their staff in such work as milk inspection, food inspection, and other fields. In the armed services, veterinary and medical doctors work together on research teams on many problems, and veterinarians perform many food inspections, sanitary supervision, and other functions for which it would otherwise be necessary to draft medical doctors, as the American Medical Association has recently stated.
>
> Many of the most important medical discoveries of direct or indirect application in the field of human health, have come through veterinary research, or through the research of basic science departments affiliated with veterinary schools or departments and agricultural experiment stations with which they are associated for research purposes. As examples, I need cite only such diseases as tuberculosis, undulant fever, spotted fever, tularemia, psittacosis, as among the list which affect animals as well as man or spend part of their life cycle in animals and are transmissible to man through handling, milk, insect bites and the like.

Despite the fact that all veterinary schools receive support through appropriations by State governments, these schools have not been able to obtain the funds for urgently needed alteration, modernization, and new construction.

During the past decade the number of veterinary schools, has increased from 10 to 17. In addition, an 18th school is presently being established at Purdue University.

The number of students enrolled in these schools has increased only slightly more rapidly than has the United States population.

In 1920, there were 11½ veterinarians per 100,000 population—today's 19,347 veterinarians constitute a ratio of 11.6 to each 100,000 population.

With numbers of veterinarians only keeping pace with the growth of total United States population, the continuing demand for veterinary service in public health pose a problem of national concern and, therefore, one worthy of careful consideration by this committee.

A current shortage of 230 veterinarians has been reported by State and local health departments and by the United States Public Health Service, projected requirements for additional veterinarians in this field of health service, result in an estimated demand for 1,739 veterinarians by 1962, an increase of 1,245 over the number currently employed.

Unfilled, budgeted vacancies in the Department of Agriculture for veterinarians to supervise meat and poultry inspection work total 321 at this time, and it is estimated that 2,500 veterinarians will be needed in these services in 1962—736 more than currently employed.

As mentioned previously, veterinary schools have expanded as rapidly as possible to meet the demands not only for veterinarians, but also to meet the demands placed on these institutions by applicants for admission. In this connection, it may interest the committee to know that there were approximately 2,300 applicants last year, of which 958 could be accepted.

In attempting to keep pace with the needs for expansion, veterinary schools have spent a total of $25 million for facilities since 1951. The operating budgets for teaching and research have increased from less than $5 million in 1950–51 to nearly $10 million in 1956–57.

It is the considered opinion of our association, developed through surveys of the needs for veterinary education, that the minimum construction needs for colleges of veterinary medicine, during the next 5 years, will total slightly in excess of $44 million.

We would strongly urge that Federal funds be provided on a matching basis to assist the States in providing the facilities necessary for the continued production of an adequate number of properly qualified and trained veterinarians.

Our association could not justify requesting amendments to the Public Health Service Act to include veterinary medical schools unless these amendments specifically authorized sums of money for veterinary schools, as well as for medical, dental, and public-health schools.

We do recommend, for the consideration of the subcommittee, amendments to H. R. 6874 and/or H. R. 7841 that would:

1. In section 803, define the term "veterinary school" as a school which provides training leading to a degree of doctor of veterinary medicine and which is approved or accredited by a recognized body or bodies approved by the Surgeon General.

2. In section 803 (a), provide for an appointed member of the council from the veterinary profession;

3. In section 804, provide the sum of $5 million for each fiscal year in case of veterinary medical schools; and

4. In the remaining sections include suitable language to properly implement the granting of available funds on an equitable basis.

In closing, may I express to the members of the subcommittee my personal thanks for having had this opportunity to appear before you.

In behalf of the American Veterinary Medical Association, I wish to pledge our fullest cooperation in furnishing to the committee any additional information concerning veterinary education, its needs, its problems today, and the goals we hope to meet in the future to better serve the Nation.

The American Veterinary Medical Association appreciates this opportunity to be heard.

Mr. WILLIAMS. Thank you very much, Doctor.

I notice on page 3 of your statement you say that during the past decade the number of veterinary schools has increased from 10 to 17.

Of these 17 schools, how many of them are privately operated and how many are State or publicly operated?

Dr. ARMISTEAD. They are all State-supported schools.

Mr. WILLIAMS. And I will ask you the same question that I have asked preceding witnesses; have requests been made of the State legislatures for construction funds?

Mr. ARMISTEAD. So far as I am aware they have in every case. Our plea is, of course, for the——

Mr. WILLIAMS. And they have been denied in every case?

Dr. ARMISTEAD. For the profession as a whole.

You see, the veterinary colleges in every case I know about are a part of a larger institution and do not have a separate line item budget in the State legislature. The funds for the veterinary colleges come through the institution with which they are associated.

And the plea is made in that channel rather than separately as a line item budget as in the case of most or many medical colleges.

Mr. NEAL. They are actually earmarked for your division?

Dr. ARMISTEAD. They are not earmarked in the legislature, no, sir; not in most cases.

Mr. NEAL. They are not?

Dr. ARMISTEAD. No.

Mr. WILLIAMS. Then your problem really is more with the school authorities than it is with the legislature; is it not?

Dr. ARMISTEAD. In some ways that is true.

Of course, the institutions with which our veterinary colleges are associated are faced with this tremendous enrollment, general enrollment, increase. And the administration of each of the institutions with which the veterinary colleges are associated is faced with the necessity of putting the limited funds available where the press is greatest.

This leaves the colleges which can anticipate relatively little increase in enrollment in a very poor bargaining position for facilities.

Mr. WILLIAMS. Doctor, what you are asking the Federal Government to do is that which your own school authorities will not do; isn't it?

Dr. ARMISTEAD. Well, this could be one interpretation. However, we view this possibility as assistance in the form of matching funds not only to piece out the funds which we can expect from our State legislatures and which are bound to be limited, but also, as has been pointed out earlier today, as a means of encouraging some of this money that is going to be made available to be channeled from the State legislatures through the universities to the veterinary schools.

You see, where the press for the university is to take care of tremendous enrollment increases in other areas, it is likely that some incentive such as these matching Federal funds would help the veterinary colleges make a stronger case for funds for needed facilities.

Mr. WILLIAMS. Doctor, I notice that you have indicated that the number of veterinarians has kept pace with the growth in population since 1920.

Dr. ARMISTEAD. Yes, sir.

Mr. WILLIAMS. Now, the American Medical Association has indicated that they feel that the ratio of doctors to the population is a desirable ratio and that they would be very well satisfied and our needs could be met if the number of doctors could increase in proportion to the population.

I think that is generally what has been indicated here.

How would you justify your feeling that the ratio of veterinarians to the population should increase out of proportion to that increase in population?

Dr. ARMISTEAD. We recognize a shortage at present. And we think that continuing output on the same level will not meet the demand.

Mr. WILLIAMS. You recognize in your profession that there is a shortage, though the American Medical Association and other groups representing medicine here apparently feel that their ratio is adequate?

Dr. ARMISTEAD. Yes, sir. We recognize a shortage.

Mr. WILLIAMS. Do you feel that additional schools should be established?

Dr. ARMISTEAD. I think additional schools would find a place. There is, in fact, some talk of a school in Connecticut at the present time. And as the statement says, there is a new one just opening at Purdue.

Mr. WILLIAMS. You only have 2 in the South, I believe; 1 in Albany and 1 in Texas?

Dr. ARMISTEAD. One in Georgia and one at Tuskeegee, Ala.

There are actually five in the tier of Southern States that are concerned in the southern regional education plan. The one at Oklahoma State University also is included in that group.

Mr. WILLIAMS. Mr. Neal.

Mr. NEAL. Doctor, I notice on page 3 you state that the Agriculture Department is now failing to receive applications to fill 321 positions or vacancies for increased demand for meat inspection, probably the result of a recent bill that was passed by Congress.

Does the Agriculture Department in any way help to train men of your profession in postgraduate work for experience in detection work, in meat inspection, and things of that sort? Do they give them special training after they have graduated from your schools?

Dr. ARMISTEAD. Yes.

The Department of Agriculture, I think, does give them additional training.

Mr. NEAL. They do not furnish scholarships to your schools; do they?

Dr. ARMISTEAD. That is true; they do not.

They, of course, help in some cases with funds for research programs which indirectly benefits teaching.

Mr. NEAL. Yes.

I believe that is all that I have at this time, Mr. Chairman.

Mr. DINGELL. Doctor, would you care to tell the committee the specific functions that veterinary medicine performs in regard to health of human beings?

Dr. ARMISTEAD. I would be delighted to try.

Of course, the obvious function is in maintaining the health of food-producing animals and, therefore, suitable for human consumption of foods of animal origin.

But there are other areas too in which veterinary medicine functions with regard to human health.

One of these is in the case of diseases which are transmissible between animals and man of which there are a great many—eighty-odd diseases. Notable examples are tuberculosis, rabies, leptospirosis, brucellosis, and a good many others.

Also, veterinary medicine makes a contribution in teamwork with public health officials and with animal disease regulatory and control agencies.

Also more and more veterinary medicine is being drawn into research which accrues both to the benefit of animals and man, because obviously many of the procedures for disease control, many of the surgical operations, many of the new drugs developed, must be first developed on animals before they can be translated for use in man.

We think that the latter areas are the ones likely to grow most rapidly, because there has been a tradition in this country in the past for the average citizen to recognize the veterinary profession as being responsible primarily, if not exclusively, with the treatment of diseased animals, whereas actually we have many other areas in which we can cooperate with and areas which overlap those of the related medical professions.

Mr. DINGELL. Would you also care to tell the committee—I believe there has been a substantial increase in the number of animals in this country?

Dr. ARMISTEAD. Yes, there has been.

There is, of course, an increase in the number of animals which parallels somewhat the increase in human population.

So long as we have a steady increase in human population and so long as the people continue to prefer high-protein diets and so long as they like to have recreational animals, I think there will be an ever-increasing need for veterinary services.

Mr. DINGELL. Would I be correct in inferring that veterinarians do very frequently perform such services as meat inspection?

Do they ever do that?

Dr. ARMISTEAD. That is true, yes.

Mr. DINGELL. Is that an important part of the veterinary medicine?

Dr. ARMISTEAD. We think it is a very important part.

This is the part that helps to guarantee that animal food products that reach the consumer are free from disease conditions that could be transmissible.

Mr. DINGELL. Doctor Neal.

Mr. NEAL. Let me phrase it this way:

Is it necessary for meat inspectors under the Agriculture Department to have a degree in veterinary medicine?

Mr. ARMISTEAD. We think it is. And we think it——

Mr. NEAL. It is not a requirement, is it?

Dr. ARMISTEAD. Well, they have lay inspectors. But it is, of course, usually—they, of course, are usually working under direct supervision of a veterinarian who has had training in the detection of diseases as they make themselves known by changes in these edible tissues.

Mr. NEAL. That is all.

Mr. DINGELL. Thank you very much, Doctor, for your presentation.

Dr. ARMISTEAD. Thank you, sir.

Mr. DINGELL. Doctor, did you have another member of your association here present with you?

Dr. ARMISTEAD. We have two other members. Should I introduce them?

Mr. DINGELL. Yes.

Dr. ARMISTEAD. I would like to introduce Dr. H. E. Kingman, assistant executive secretary of the American Veterinary Association. And Dr. J. A. McCallam, who is past president of our association.

And while I am at it, may I offer you a copy of this survey which has some information in it that might be of use to your committee, some statistics, and the answers to some questions similar to those asked of the other groups this morning.

Mr. DINGELL. We will receive it for the files of the committee. It is too voluminous to place in the record.

And we thank you for your courtesy in appearing here today.

(Discussion off the record.)

Mr. NEAL. I think this group has made the strongest case for the actual needs for facilities in education than any group. It would seem that almost every group that comes before this committee fully justifies the need for some additional help from some source in an effort to promulgate and to improve the conditions which they sponsor.

I wonder sometimes if the gentlemen who presented themselves this morning and made such a good case for themselves could explain, how we could be generous in granting all the requests that come before us, and still harmonize our actions with the maintenance of Federal solvency.

(Discussion off the record.)

Mr. DINGELL. Gentlemen, I would like to conclude by complimenting the panel, Dr. McGuinness, and Dr. Burney; we will look forward very much to having you back at another time.

With that, the committee will adjourn until the call of the chairman.

(Whereupon, at 2:40 p. m., the subcommittee adjourned subject to the call of the chairman.)

HEALTH RESEARCH FACILITIES

TUESDAY, APRIL 29, 1958

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH AND SCIENCE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The subcommittee met at 10 a. m., in room 414, Old House Office Building, pursuant to adjournment, Hon. John Bell Williams (chairman of the subcommittee) presiding.

Mr. RHODES (presiding). The meeting of the subcommittee will please come to order.

We have as our first witness this morning the Honorable Leroy E. Burney, Surgeon General of the United States Public Health Service.

We are very pleased to have you, Dr. Burney. You may proceed.

STATEMENT OF DR. L. E. BURNEY, SURGEON GENERAL, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. BURNEY. Mr. Chairman and members of the committee, Dr. McGuiness and I gave a statement the other morning at the first hearing relative to these bills, in support of the extension of the present act for research-facility construction, and also in support of the expansion of that bill to include grants for the construction of teaching facilities—for medical schools, dental schools, schools of public health, and schools of osteopathy. We were asked a few questions at that time, but most of the questions were directed at the deans of the schools of medicine who were present that day, and your chairman, Congressman Williams, had asked Dr. McGuinness and me to return today to be available to answer further questions relative to the needs for this legislation, the extension of the present construction program, and its expansion to include teaching facilities.

The administration has sponsored a bill for both the extension and the expansion of the existing legislation. If you would like, Mr. Chairman, I can review briefly the reasons why we feel this is desirable, both the extension of the present act and the expansion to include teaching facilities.

Mr. RHODES. What was that?

Dr. BURNEY. I say I can extend my remarks here and give the reasons why my Department and the administration favor the extension of the present act and the expansion of the act to include teaching facilities.

Mr. RHODES. Without objection, that may be done.

Dr. BURNEY. Well, then, I would like to discuss first the extension of the act to further the construction of research facilities. That act was passed by the Congress in 1956, and provided $30 million a year on a 50–50 matching basis to universities, medical schools, and nonprofit research foundation for the construction of research facilities, and this was to be administered by the Public Health Service, with the advice and counsel of an Advisory Council of 12 members, 4 of whom shall be public members and 8 of whom shall be professional members of one type or another.

The act has been in existence 2 years. It has provided a very, very great stimulus to the construction of research facilities. I might say that in our research program, and in administering the grants for research to the institutions throughout the country, which the Congress provides funds for, we have found that there are two bottlenecks to an expanded research program.

One of those is the number of people qualified to perform research, the other is the need for additional facilities in which to perform that research activity. Actually those are the only two bottlenecks to the research program.

Congress, as you know, has been very interested, and I would say very liberal, in their provision of funds for research.

Mr. BUSH. Mr. Chairman, may I ask a question at this point? If the facilities were provided, do you think you would encounter a problem of getting qualified people for teaching?

Dr. BURNEY. You are talking about research or teaching facilities, sir?

Mr. BUSH. Teaching facilities.

Dr. BURNEY. Yes; there would be a problem, Mr. Bush. There is a problem at the present time, and that actually is one of the reasons why the Department is in favor of expansion of the present act to include teaching facilities. There are approximately 400 vacancies now in various levels of teaching staffs in medical schools throughout the country, and there are about 40 vacancies in heads of departments of various medical schools.

Now, these may be the head of department of pharmacology or biochemistry, or mental health, but there is a great void in many of these areas.

Part of this void is being taken care of through the research fellowship program of the National Institutes of Health, in which funds are provided to train predoctoral and postdoctoral individuals in pharmacology, physiology, or mental health, or in various other areas, and many of those individuals are filling these posts at the present time. So this is going along, but we still have these vacancies.

Mr. BUSH. The funds that were provided in 1956, this $30 million, has that been used up?

Dr. BURNEY. The first $60 million, $30 million for each of 2 years, has been allocated.

Mr. BUSH. How many years was that for?

Dr. BURNEY. Three years.

Mr. BUSH. That means $90 million?

Dr. BURNEY. Ninety million in Federal funds authorized. The matching requirement is 50–50, dollar for dollar. But actually the matching has been 2½ to 3 local dollars for every Federal dollar that has come in.

Mr. BUSH. Are you finding any difficulty with applicants to match Federal funds?

Dr. BURNEY. No, sir; we have not. In fact, as I recall, we have about $71 million worth of applications now for the remaining $30 million requested for the last year of the act, and we have also fairly firm intentions of filing additional applications from a number of other institutions. That is why we believe that this has been a very good stimulus for these institutions. It is just human nature, I guess, if you offer a small matching part, that they are able to raise funds.

Mr. BUSH. Thank you.

Mr. WILLIAMS (presiding). We will proceed with the questions.

Mr. RHODES. Dr. Burney, what is the background of the public members on the Public Health Council?

Dr. BURNEY. Well, one of the public members is president of one of the large, if not the largest, pharmaceutical company in the United States, Mr. Gene Beesley, president of Eli Lilly & Co. Another public member is the president of Stanford University. Another public member is a lawyer in Washington, who was formerly a vice president of one of the large milling companies in Minneapolis, was more recently an Assistant Secretary in the Department of Health, Education, and Welfare. That is Mr. Bradshaw Mintener, who now is practicing law here in Washington. The fourth member, fourth public member, is Mr. F. C. Sowell, vice president and general manager of Radio Station WLAC, in Nashville, Tenn.

Mr. RHODES. Do you think they serve a useful purpose, or do you think it would be better to have professional people, doctors and dentists, to make up the Council?

Dr. BURNEY. Frankly, sir, we believe these public members, because of their broad experience in industry and business, and in public affairs, provide a very useful function on this Council, and they supplement the knowledge of the other eight members, who are scientists of one kind or another. I would also like to point out that all of these members make site visits to these institutions who are applying for grants, together with a staff member from our Institute.

Mr. Beesley has made a number of visits, so has Mr. Mintener and all of the other members. I would say that the public members are a very good influence. I don't think they should be the predominant group, but I think a small number of public members is a very desirable thing to have, sir.

Mr. RHODES. I wonder if Dr. Van Slyke would let us have his views on my question.

Dr. VAN SLYKE. I should be glad to, sir.

May I go back a little bit to 1946, when I got into the research grants and fellowship program of the Public Health Service at the National Institutes of Health. My first reaction when I saw a council before me which was not entirely composed of professional people was—What can they do? But I can assure you, sir, over the past 12 years I have come to have the highest regard for councils which are composed both of professional—and I speak of professional within the medical and biological area—and lay people. They do a tremendous job, and they provide a balance which is extremely important to any of these programs. It applies not merely to the health research facilities program, but to the other programs, research and training in cancer, heart, mental health, and so forth.

Mr. BUSH. Mr. Chairman, to follow up on that, has it not been a common practice to have some experienced men in business on these various boards along with men who are well trained in the profession? Has that not been the general practice?

Dr. BURNEY. It has in all of our programs, sir—certainly in all of the research councils which Congress established for each of our categorical institutes, and then even in some of our other advisory groups. We always feel that it is desirable to get the public viewpoint. I think your scientific members will agree that it is good—whether "leavening" is the right word or not—but it is a very good influence on the councils.

Mr. RHODES. Dr. Burney. I believe you said that the Public Health Service provides matching funds for construction of research facilities?

Dr. BURNEY. Yes, sir.

Mr. RHODES. And that also includes construction of teaching hospitals?

Dr. BURNEY. Not under this particular act, Congressman Rhodes. The teaching hospitals are eligible under the Hill-Burton program, providing the State agency that administers the Hill-Burton funds determines that the hospital has a high enough priority.

Mr. RHODES. What about training of students under this Act. Are there any funds provided for that purpose?

Dr. BURNEY. Well, Dr. Van Slyke can correct me, but I believe the only support thta we give to students is during the summer months. Those students who have indicated to their professors some interest in research my be given a 3 months' summer job to determine their qualifications and to further their interest in research. Then, No. 2, we have recently, in the last 2 years, I believe, provided funds for a sophomore student who is interested enough in research that he would like to drop out of medical school for a year and do research work with a senior research person in the school, and then pick up his medical school a year later. Many of these young men and young women, once they have gone clear through medical school, are more interested in the dramatics of delivering a baby or doing surgery. If one can get them in their sophomore year, and they do show a little inclination or qualifications for research, this, many times, will lead this person into a research career, after he graduates.

Now, I believe those are the only two areas in which we help students.

Mr. RHODES. What about the training grants?

Dr. BURNEY. The training grants, of course, are given, a number of those, different types, Congressman Rhodes. One is the training grant given to the person with a B. S. or A. B. degree. This is given to the person upon the recommendation of the faculty of the school in which he wishes to do some research or some graduate instruction.

Then there is a training grant given to what we call predoctoral individuals, those who have their B.S., and perhaps a master's degree, but who are working for their doctoral training—again, to interest them in research as a career. And then research fellowships are given to those who have their predoctoral—such as a doctor of science or a Ph.D. in chemistry or physics, but who want to spe-

cialize in one particular area of their particular specialty. And postdoctoral fellowship is given to those individuals, and they work in the research laboratory, either in charge of a particular research program of their own or under one of their professors in that particular school.

In addition bloc training grants are given to all of the medical schools, again under an act of Congress, for the categories of mental health, heart, and cancer, as teaching grants, with the purpose of helping that school provide better teaching and training for their undergraduate students in heart, in cancer, and in mental health.

Mr. RHODES. That includes the University of Pennsylvania; doesn't it?

Dr. BURNEY. Yes, sir. I believe it includes all of the medical schools, and some of these grants are made to dental schools. The one on cancer is a bloc grant of $15,000, I believe.

Mr. RHODES. Do all these training schools share in the grants, or just some?

Dr. BURNEY. All of the medical schools, sir, share in these three categorical grants, and all of the dental schools share in the $15,000 grant for cancer teaching. And then any medical school, dental school, or other university may participate in the traineeship program or the fellowship program that I have mentioned before.

Mr. RHODES. Thank you, Dr. Burney.

Mr. WILLIAMS. Dr. Burney, what is your position with reference to the inclusion of veterinary schools in this?

Dr. BURNEY. Mr. Chairman, our feeling on this is that we do not minimize the needs in some of the other areas, not just veterinarians—and this was discussed very thoroughly when the Department was preparing its proposed legislation. But we did feel that the need was so much greater in the areas mentioned in this bill—that is, for physicians, for dentists, for public health specialists, and osteopaths, that this far outweighed the advantage of adding, or rather the disadvantages, I guess one should say, of adding too many other categories.

Mr. WILLIAMS. They made a pretty good case for inclusion in the bill. If you are going to take care of everybody's needs, they certainly made a case for their needs. And I don't think anyone would deny the service they render to the public.

Dr. BURNEY. No, sir; we would not do that. But it seems to us, Mr. Chairman, that not only the present but the future need for physicians, for example, so far exceeds what might occur in the other areas, that our emphasis should be placed on that.

Mr. WILLIAMS. How would the inclusion of veterinary schools, schools of podiatry, optometry, and other such schools, added into this bill, deny the services that you want to give to the medical schools?

Dr. BURNEY. Well, in addition to the current authorization of $90 million—$60 million already appropriated, and $30 million more in this year's appropriation bill—for the construction of research facilities, the administration bill provided for $135 million additional for both research and for teaching facilities. So any additional schools that one would add to this total of $225 million would take some amount away from that that would be available.

28728—58——11

Mr. WILLIAMS. If you add $10 million for veterinary schools to the overall total of this legislation how would that deny the medical schools anything?

Dr. BURNEY. It would just cut down on the amount of funds available, assuming the $225 million ceiling, or authorized ceiling, was retained—it would just decrease the amount available.

Mr. WILLIAMS. How would you feel about increasing the ceiling to take care of the veterinary schools?

Dr. BURNEY. Well, our feeling, Mr. Chairman, on this whole bill was that certainly more money could be used from the Federal Government, but that the primary function of the Federal funds should be stimulatory and not a complete support for construction. And that is why we arrived at the general round figure of $225 million. Now, if an additional $10 million were added for veterinary schools, schools of veterinary medicine, I don't know what the position of the Department would be on that, Mr. Chairman. Dr. McGuinness might like to add to this statement.

Mr. WILLIAMS. I presume your position would be the same with respect to the schools of podiatry?

Dr. BURNEY. Well, again, let me say that we do not minimize the contributions that each of these other groups perform, and certainly we are using in the Public Health Service more and more veterinarians, we find that they have a very wide and useful purpose to perform in our public health activities, as well as in State and local health departments. But I don't believe that one can exactly place all of these other groups in one category. I think one almost has to take one at a time. Again, I would say that the compelling need, in our opinion, of the ones in the present legislation, far outweigh those of the others. That doesn't mean there are not needs for these others. And I would say the veterinary schools have a greater need than some of the other areas.

Mr. WILLIAMS. I presume that under this legislation only those schools which are unable to find their own construction money would be eligible for aid under this bill, would they not? Is there a test of need in the legislation?

Dr. BURNEY. There is no test of need, Mr. Chairman, in the legislation.

Mr. WILLIAMS. Harvard University, for instance, which I understand is probably the heaviest endowed institution in the world, would be eligible to come in and get Federal funds to build a medical school under this bill?

Dr. BURNEY. Yes, sir, assuming that they meet the intent of the law, which I think they would, as a medical school, and assuming they meet the criteria established under the laws. They might not be the first one to receive such consideration.

Mr. WILLIAMS. I understand that in a case such as Harvard, this legislation is intended to be a Government handout?

Dr. BURNEY. Well, I don't know——

Mr. WILLIAMS. Where the need has not been established?

Dr. BURNEY. The present legislation in our research facilities does not provide a need basis for determining the ability of the institution relative to its endowment or other financial considerations.

Mr. WILLIAMS. On what basis do you judge these cases? On the basis of first come, first served?

Dr. BURNEY. That is part of it, but not totally. Part of it is their geographic location, because the bill, as enacted by Congress, does require that we give proper consideration to the geographic distribution of grants. Also, the ability of the institution, as represented by past experience, to perform research work adequately, although that has not precluded some of the newer medical schools, or even some of the older ones who have not done much research from getting small grants for such research facilities.

Dr. Van Slyke, do you have anything to add to that?

Dr. VAN SLYKE. I think, Mr. Chairman, it is only fair to say that each application which comes in is carefully reviewed by the National Advisory Council for Health Research Facilities. And I don't think it is a handout, but I do think of it as a great stimulus to develop research laboratories around the country in places where research can be effectively expanded right now.

Mr. WILLIAMS. I am speaking primarily of medical school construction.

Dr. VAN SLYKE. I thought you were referring to the research part. I feel that in terms of medical school construction, Mr. Chairman, that the same sort of criteria would apply, and that the Advisory Council which would have the job of reviewing the grants would see to it that the funds would not be given where they were not needed.

Mr. WILLIAMS. In the case of two schools in the same area that apply for construction aid, and you only have enough funds to take care of one of them, how would you make a choice between the two?

Dr. BURNEY. Let me say that I alone do not make the choice. The Advisory Council recommends.

Mr. WILLIAMS. Would they just give the money to the first one that came up to the pay window?

Dr. BURNEY. No, sir; they have not done that, I believe, in the research construction grant program. I believe they would evaluate the relative need, financial need, and ability of the institutions, and would be more favorably inclined toward the institution which had the greatest economic need, or the lesser ability to meet their construction needs.

Mr. WILLIAMS. However, that is not written into the bill.

Dr. BURNEY. No, sir.

Mr. WILLIAMS. That is left entirely in the hands of this Advisory Council?

Dr. BURNEY. That is right, sir.

Mr. WILLIAMS. And if they choose to follow some other course, they are free to do so?

Dr. BURNEY. Yes, sir. Although—I am not completely divorced from the Council. I do serve as Chairman of the Council, and our staff makes certain recommendations to the Council relative to broad policies that will be followed in the administration of this activity. So I don't believe they act without some judgment and consideration of all of these factors.

Mr. WILLIAMS. The fact remains, though, that it is a pretty powerful group, having $225 million at their disposal to do with as they see fit—unless we write some regulation or criteria into the bill with respect to policy?

Dr. BURNEY. Well, let me say this, Mr. Chairman. None of our councils, including this one, act without their own conscience, plus the conscience of the institutions with which they deal. If our Research Facility Council had set up some policies with which the scientific community of the country disagreed, I am sure that would have been brought not only to my attention, but to your attention, and very forcefully. This Council in a way has very strong power. But on the other hand, these are both public and scientist members who have some respect and listen to the voices from their colleagues. We have never found, either in this Council or in our research councils, who also have tremendous power, that they have exercised that authority arbitrarily or autocratically.

Mr. DINGELL. Mr. Chairman, may I ask one question?

Dr. Burney, I would like to have your views on this, and also Dr. McGuinness who is with you this morning. Would you consider it to be hurtful if Congress would make some expression of policy that need should be a factor in proportion to these Federal grants authorized under this particular bill. Would you consider it to be hurtful to the purposes of the bill?

Dr. BURNEY. No, I don't think it would be hurtful. I believe that it would be extremely difficult—and I am speaking off the cuff here in a way, without having evaluated all the factors—I think it would be extremely difficult to evaluate the needs of, let us say, the University of Pennsylvania or the University of Iowa, as contrasted to estimating the needs of a community's ability to build a hospital, for example.

In other words, you have 85 medical schools throughout the country. I am not saying it is impossible, Mr. Chairman, or Congressman Dingell. I am just saying that it would be more difficult to evaluate the ability of Georgetown University here or George Washington University to meet its own building needs as contrasted to evaluating the financial ability of a community that is going to build a hospital.

Mr. DINGELL. Assuming that we were to put it in a declaration of policy, in the bill, to say in giving these grants it shall be the policy over the country to see to it that one of the criteria to be met shall be need—in other words, in effect priority should be on the basis of need rather than just, as the chairman has said, the first man to the pay window. And I assume you do not do that now. But I wonder, Would you think that would be helpful, just to include such an expression of the declaration of policy?

Dr. VAN SLYKE. May I comment on that, please, sir?

I have been associated with these construction programs, this present one and back a good many years ago—we had about $21 million in heart and cancer combined for construction of research facilities. I would say, sir, that as far as I was concerned, as an administrator of these programs, I would not object at all to Congress indicating need as one of the criteria. I can assure you, sir, that the councils in their operations take that into account very clearly. They also take into account, which is written into the law, the equitable geographic distribution of these funds. It is not a question of who arrives at the pay window first.

Mr. DINGELL. I didn't say it was.

Dr. VAN SLYKE. No. But I just want you to know that these applications come in, and the council members give very freely of their

time to make project site visits all around the country. And not until they are all listed in competitive status are recommendations for awards made.

I don't think you need to be concerned about the council not taking need into consideration. The school that doesn't need it won't get a penny from the council. I can assure you that.

Mr. DINGELL. I am delighted to hear that. I assumed that is the way the program had been administered, and I assumed it would be so continued.

Mr. WILLIAMS. Dr. Burney, I notice in your bills schools of osteopathy are included. Now, of course they have been fighting with the American Medical Association for many years. Why is it that they are included and veterinary schools are not?

Dr. BURNEY. In many States—if not most—osteopaths haxe approximately the same amount of training, even though it may be in different schools, as doctors of medicine. And the osteopath is practicing medicine and surgery in many institutions. He is doing essentially the same thing that a doctor of medicine is doing. Some States have what they call two types of osteopath—those that have an unlimited license to practice, in which they can do both medicine and surgery and others have a limited license to practice, in which they can only do medicine and obstetrics.

Mr. WILLIAMS. Well, aren't veterinarians as much a part of the medical profession as osteopaths?

Dr. BURNEY. No, sir. I would not say that they are, because they do not work on human beings, whereas your osteopath—in most communities—does practice medicine.

Mr. WILLIAMS. But they are a necessary adjunct to public health; are they not?

Dr. BURNEY. Yes, sir; very much so.

Mr. WILLIAMS. Now, I presume that it is the purpose of the public health service, in supporting this legislation, to see to it that the funds expended hereunder are spent with as much prudence as possible, and that you get as much for your dollar as it is possible to get.

Dr. BURNEY. I assure you that with complete confidence.

Mr. WILLIAMS. Yes, sir. Now, in that respect, do you support the suggestions of the Department of Labor that the wage provision be included in this bill?

Dr. BURNEY. That was taken up by the Department. We did not consider that essential in this bill, the Department did not.

Mr. WILLIAMS. And of course the higher that you run the costs on this construction, the less service will be available to the public—isn't that true? The less construction you can put up——

Dr. BURNEY. The less construction we are able to put up because of higher prices, the less facilities.

Mr. WILLIAMS. So if that provision is put into this bill, it is going to mean you will have that much less construction that you will be able to put up, won't it?

Dr. BURNEY. That would be an assumption that without the wage provisions the universities would not get as good bids on the construction as they would if they had this wage provision. Our feeling was that, as contrasted to the Hill-Burton bill, which does have this wage provision, the universities, with their long experience in construction

and in administrative management, are a little more experienced than many communities in the construction of a hospital. The communities develop a new board, and they go out and get bids. And there is, we felt, enough difference to believe that this other was not necessary.

Mr. WILLIAMS. Doctor, apparently you consider this to be a Federal responsibility. You are in constant contact, I am quite sure, with the public health directors of the several States?

Dr. BURNEY. Yes, sir.

Mr. WILLIAMS. Have you consulted with these people about the possibility of getting State aid to take care of their problems to determine the relative abilities of the several States to meet this apparent need?

Dr. BURNEY. You mean have I consulted with the State health officers as to whether the States are able to provide the funds for research facilities and for teaching facilities in medical schools?

Mr. WILLIAMS. Well, for teaching facilities in medical schools.

Dr. BURNEY. This has not been discussed with them, as far as I know. Certainly I have not—with the schools other than public health. But I believe that the State and Territorial health officers association does support both the Rhodes bill, which has been before this committee, and this particular phase of the current bills.

Mr. WILLIAMS. There again, as I said the other day, nobody ever stops the chimney up on Christmas eve.

For instance, the University of Mississippi Medical School, which of course I am most interested in, assuming that they should find that they need certain construction, and that information should be communicated to you—would you in turn contract Dr. Underwood to determine whether the State of Mississippi is able to do that construction?

Dr. BURNEY. No, sir. I would not think so.

Mr. WILLIAMS. I was just using that as a hypothetical case. Don't you think it would be better to exhaust all possibilities at the State level, where education is properly placed under the Constitution, before coming to the Federal Government?

Dr. BURNEY. I heartily concur in that general philosophy, Mr. Chairman. I might say my own State of Indiana has just recently completed a new medical school building with State funds entirely. But I would also like to point out that we have 85 medical schools in this country at the present time; 44 of those are non-State institutions. As was mentioned the other day, at the present time the ratio of physicians—and I don't want to get into the discussion of numbers unless you want to—the present ratio of physicians is about 132 to 100,000 individuals.

That ratio has not varied much in the last 10 years.

Mr. WILLIAMS. 132 to 100,000?

Dr. BURNEY. Yes, sir.

Mr. WILLIAMS. That is about 1 to 750?

Dr. BURNEY. Yes, sir. Now, if we can assume, Mr. Chairman, that the demographers are correct, by 1970, to pick one arbitrary date, that we will have 220 million people—although there are some who think we will have closer to 230 million or 240 million. With the present output of the graduates of these present schools, and with Kentucky being the only university that I know of now that has hard and fast

plans to construct an additional medical school, and even with the assumption that some of the schools, on their own, will expand a small amount—and I would emphasize that "small" because many of them are quite overloaded now with their present facilities—I would say that, in 1970, Mr. Chairman even though this program will be enacted by the Congress—we will not have 131 or 132 physicians per 100,000 in 1970, even though we start right now.

We are going to have fewer physicians per 100,000 population in 1970 than we have at the present time. And the longer we delay—when I say we, I mean the country as a whole, regardless of whose responsibility primarily or secondarily it is—the longer we delay in expanding the training in existing schools and the construction of newer schools, the greater will this deficit be in 1970. That is one of the reasons why the administration and our Department are for this bill. We would like not to come up here 5 years from now or 7 years from now with a tremendous demand for somebody to do something, and a crash program to begin the addition or construction of new medical schools in which we would not have the careful planning that would be proper in this. Plus the additional factor, Mr. Chairman, that one does not start a new school or expand an existing school without an adequate staff. I told you that there are 400 vacancies in the present medical schools, and 40 vacancies in heads of departments. So you cannot come up here 5 or 10 years from now with a new school and be able to staff it. You can build a facility, but you do not have the staff.

Mr. WILLIAMS. Of course, this bill deals only with construction of facilities. Is it contemplated that when this bill is enacted the next step will be to provide Federal funds for operational purposes?

Dr. BURNEY. The Department has, as far as I know, no thought whatsoever of asking for operational funds.

Mr. WILLIAMS. Of course, the problems that you are dealing with at the moment, in your discussion, is an operational problem?

Dr. BURNEY. The matter of the lack of personnel?

Mr. WILLIAMS. The lack of staffing and the lack of personnel?

Dr. BURNEY. This is not so much a matter of lack of budget, Mr. Chairman, as it is a lack of individuals who are trained in these areas to provide this staff. And that is where our National Institutes of Health training funds are helping to meet this need for trained personnel not only in research, but in the teaching profession.

I think another point, Mr. Chairman, if I may bring this up, is that there is another great difference between a State school and one of the 44 nonpublic schools. Maybe I should not use my own State, but, for example, Indiana takes 165 into each of its classes, and there is a tremendous demand from the legislature to increase that to 200. Of those 165, only 6 are admitted from outside the State.

Now, many of the Indiana graduates go outside of the State to practice, and many physicians from Illinois, trained in Illinois and Michigan, come into Indiana.

Your nonpublic schools, the 44 nonpublic schools, do not have the residency requirements, and they are the ones who do train persons from all over the country and actually try to get a geographic spread of students as contrasted to getting from a particular localized area. So they, I think, can be called a national resource. The State schools,

as I say, almost exclusively do limit the admission of out-of-State students. Some States do not allow any outside students.

Mr. WILLIAMS. Doctor, in supporting this legislation and advocating this legislation, do you recognize any constitutional limitation upon the powers of Congress?

Dr. BURNEY. You mean as to how one interprets the welfare clause in the Constitution?

Mr. WILLIAMS. Have you read the 10th amendment lately?

Dr. BURNEY. Not lately, but I have read it several times.

Mr. WILLIAMS. Well, for your information the 10th amendment says all powers not specifically delegated to the Federal Government by the Constitution are reserved back to the States or to the people respectively. Now, where is there a delegation of power to the Federal Government to spend public funds for educational purposes in the Constitution?

Dr. BURNEY. Well, I think as you stated the other day, Mr. Chairman, there is a clause—I don't recall which one it is—that relates to the general welfare or national welfare. You also intimated that may have been stretched a little from time to time.

Mr. WILLIAMS. Well, if that is carried to an extreme, then there is no limitation in the Constitution on the power of Congress; is there?

Dr. BURNEY. Well, except that——

Mr. WILLIAMS. You can justify any legislation under the so-called general welfare clause.

Dr. BURNEY. I assume if Congress believes that these things are in the national interest and for the general welfare, limitations could be stretched rather far. But I would like to say, Mr. Chairman——

Mr. WILLIAMS. I am very serious about this. In advocating this legislation, is it your position that the general welfare clause of the Constitution in effect renders null and void the 10th amendment of the Constitution?

Dr. BURNEY. I am sorry, would you state that again, because I want to give you a serious answer.

Mr. WILLIAMS. I say in supporting this legislation as a matter of principle, do you feel that the general welfare clause in itself renders inoperative the 10th amendment to the Constitution?

Dr. BURNEY. No, sir; I do not. We have been, pursuant to various acts of Congress, administering various grant funds for a number of years, beginning with the Social Security Act of 1935. I was a State health officer for 9 years in Indiana, and I believe you know that Indiana is about as ruggedly individualistic and believes in the sovereignty of the States——

Mr. WILLIAMS. We have the greatest respect for the people of Indiana, a great States rights State. We are proud of them.

Dr. BURNEY. I still retain that feeling, Mr. Chairman, that the States are sovereign in matters of health, and that our job in the Public Health Service has been and will always continue to be, under my direction, one of providing assistance to the States without any domination. And I believe that if you talk with any State health officer, including Dr. Felix Underwood, who is about the dean of the health officers, I think I can say without fear of contradiction that you will find every one of those State health officers to say that the Public Health Service has never dominated or been arbitrary in its administration of these funds.

Mr. WILLIAMS. I am quite sure of that. I am not arguing that with you. As a matter of principle, and under our oaths to support the Constitution, how can we vote for legislation which in effect assumes under the Federal Government powers not specifically delegated to it by the Constitution? The word "education" is not mentioned in the Constitution, as you know.

Dr. BURNEY. So I understand. With regard to this general welfare clause, it has been our position, Mr. Chairman, that the provision of sufficient physicians and dentists, related personnel, to meet the health needs of the country is a serious one. We believe that it has not been met up to the present time, and there is no indication that it is going to be met by a State or community action without some assistance. We believe, therefore, that we should provide some stimulation for these States—to help them, not provide the major share, because in the construction it has been two and a half to three dollars of local funds to every dollar. With this small amount of stimulatory funds, if we can prevent an even greater crisis in the need for physicians and dentists and others in years to come, I believe that that would come within Congress' authority to provide for the general welfare.

Mr. WILLIAMS. Doctor, won't it be a greater stimulus to reduce taxes and return some source of revenue to the States?

Dr. BURNEY. You are getting into some economic problems, Mr. Chairman.

Mr. WILLIAMS. I am concerned with the trend toward federalization of everything—the Federal Government assuming responsibility that properly belongs to the States and localities. Now, under this general welfare clause I presume, by stretching it all out of shape, those who advocate Federal aid for every field of endeavor would also feel that if the General Government, the Congress, should suddenly feel that it was in the general interest of the general public welfare to abolish State legislation, that they would have a right to do so, and that this Government, which was conceived as a limited form of government, would no longer be limited. The purpose of our Constitution, if you recall, was to provide for a limited form of government. And I am very much concerned over these programs getting the Federal Government into more and more fields of endeavor, and usurping the prerogatives of the States and so forth.

Now, in the case of the University of Mississippi, and I understand West Virginia, too, if I interpreted the testimony the other day correctly, they have just finished building up-to-date, modern medical schools. So far as I know, the State of Mississippi does not presently need any additional construction. Now, our people have dug down into their pockets, they have made a great sacrifice, financially, in order to provide the State of Mississippi with a modern, up-to-date medical school. Now, with the passage of this legislation, the State of Mississippi not needing any additional construction, do you feel that it is fair to our people for them not to come in for a little of this handout? Isn't that what is commonly referred to—and incidentally this word will get into this legislation sooner or later—discrimination?

Dr. MCGUINNESS. May I interject something here, Mr. Chairman, at this point? The State of Pennsylvania—there are a couple of gentlemen from Pennsylvania here—has six medical schools. And the people of Pennsylvania contribute to each of those medical schools

approximately $2,000 per year per student, irrespective of where that student came from or where he is going after he leaves Pennsylvania. And I would be quite sure that some of those people go to Mississippi. So that the State of Pennsylvania, as an example——

Mr. WILLIAMS. They are smart if they do come to Mississippi.

Dr. MCGUINNESS. I am sure they are—they serve as an example of how the State of Pennsylvania is contributing toward doctors who go to States all over the United States. And I hope that that is a cogent point in this discussion.

Mr. WILLIAMS. Well, that is hardly an argument, though, for Federal aid, is it? If you pursue that argument to the ultimate, you have to say that the public schools of Hinds County, Miss., should receive Federal aid because so many of their graduates move to other States to earn a livelihood.

Dr. MCGUINNESS. We are talking about health in this situation, and health is a question of national security.

Mr. WILLIAMS. We are also talking about education, are we not?

Dr. MCGUINNESS. Well, education is incidental to it. But we can't have health without the people to provide it. Excuse me, Dr. Burney.

Mr. WILLIAMS. That is all I have.

Mr. BUSH. Dr. Burney, how many medical schools are there in the United States at the present time?

Dr. BURNEY. There are 85—41 State, I believe, or city medical schools, and 44 non-State institutions.

Mr. LOSER. Would you say private schools?

Dr. BURNEY. Well, if you call Harvard, Hopkins, University of Pennsylvania private, I would think so.

Mr. LOSER. I would think so. They are not State.

Mr. BUSH. In other words, they would be an additional number of schools, rather than the State or what we look upon as being the State medical schools.

Dr. BURNEY. That is right; yes, sir.

Mr. BUSH. That furnishes that many more facilities for the training of our doctors and our people necessary to look after our health.

Dr. BURNEY. Yes, sir.

Mr. BUSH. Getting back to this veterinary situation, I am concerned, too, why there is not more interest shown toward the veterinarian in this program. We need them. They are essential. Do we have enough facilities now to take care of the veterinarians?

Dr. BURNEY. I believe the president of the American Veterinary Medical Association testified the other day that veterinary medical schools could use some additional help, both in research as well as in onetime construction plants. There has been some expansion. I believe there are 17 schools of veterinary medicine, and Purdue University is now adding another school. I believe those were the figures.

But again, Mr. Bush, I think that in considering the legislation we are proposing to Congress, and the groups that should be considered, we were not minimizing the position of the veterinary, because we have a large number of them in the Public Health Service. They are doing a very excellent job, and we are finding broader uses for the veterinarian than we ever did before. But we just cut off a priority at a certain level.

Mr. BUSH. Well, it is your feeling, then, that the need is much greater for the health, research, and teaching facilities for public health at the present time than perhaps some of the other categories.

Dr. BURNEY. That was our feeling, sir. Not to say we don't need more pharmacists or veterinarians.

Mr. BUSH. I appreciate that.

Dr. BURNEY. Thank you all.

Mr. WILLIAMS. Dr. Burney, you indicated that today's ratio of physicians to the population is somewhere in the vicinity of 1 to 750. What was that ratio, if you know, 10 years ago or 20 years ago?

Dr. BURNEY. As I recall, Mr. Chairman, that ratio has not varied a great deal the last 20 or even 30 years—maybe 2 or 3—maybe 129 or 130 or maybe 133. But I could put that in the record, sir, for you.

Mr. DINGELL. Would you do that for us, Doctor?

Dr. BURNEY. Yes, sir.

(The information requested follows:)

Trend in the number of physicians in the United States, 1910–55

	1910	1920	1930	1940	1950	1955
Physicians:						
Number [1]	135,000	146,200	154,500	175,163	204,400	218,061
Per 100,000 population	146	137	126	133	135	133
Persons per physician	681	723	795	752	737	753

[1] Data from the American Medical Directories, interpolated for the years 1920, 1930, and 1950. Includes retired physicians; excludes graduates of the years concerned.

Mr. WILLIAMS. Hasn't this problem that we are faced with today existed all along, the cost of educating medical students?

Dr. BURNEY. Yes; to a certain extent. But some of the schools have expanded, Mr. Chairman, their number of students.

And then, you see, for quite a number of years our birthrate was not nearly as high as it is. In fact, up until about 1939 or 1940 our birthrate had been going down and our immigration had been going down. Then from 1940 on, due, I think, to the war and then to economic reasons, our birthrate has gone up to 25 per 1,000 population or a little bit above, and our population growth throughout has been phenomenal in the last 15 or 20 years as contrasted to the previous 15 or 20 years, plus the fact that medicine, I think, is a little more—I shouldn't say difficult to teach, but requires a little more refinement than it did when I went to school 28 years ago.

Dr. MCGUINNESS. Mr. Chairman, I would like to speak on that point, because I don't think it has been sufficiently stressed, and that is that the problem of our medical schools and their building needs has not been the same for some years, not just because the buildings are getting older, but because, as Dr. Burney intimated, they are functionally outmoded for the job they are expected to do.

When Dr. Burney and I were in medical school, a substantial part of medical education was in the form of 1 lecturer speaking to an audience of 100 medical students. Today the percentage of course work that is in the form of lectures is remarkably little, a remarkably small component of the total. Today's medical education is based on seminars, student laboratories, and small group teaching, which requires a completely different kind of physical plant.

So it is not just that half the buildings of the medical schools are 50 years old or more. Lots of 50-year-old buildings are still darned good buildings. But they have finally caught up with the fact that in addition to being old, these buildings are just completely outmoded functionally for the purposes for which they are needed. And I think it is important to stress that. And our position is that even those schools that do have resources should not be asked to dilute the quality of the teaching program they can now provide by virtue of those resources by having to use up their endowments, if they have any, for construction. They need this shot in the arm now to get the physical plants of the American medical schools up to date functionally as well as physically.

Mr. WILLIAMS. Do you gentlemen agree with the position taken by the American Medical Association that we have a good ratio of doctors to population at this time?

Dr. MCGUINNESS. I participated in a—Dr. Neal was there—in a workshop on this problem in February. I think there were 20 of us around that table, weren't there, Dr. Neal?

Dr. NEAL. Approximately.

Dr. MCGUINNESS. And we kicked this problem around of how many doctors we are going to need. I believe the conclusion that was reached by 18 of the 20 people there was, that in spite of all the change in medicine and technology in the past 30 years, that this roughly 130 doctors per hundred thousand has seemed in some measure to serve the needs of the population, and that it is impossible to guess whether—well, it would be impossible to say we would need fewer than that many physicians in 1975, and that for want of any other better reasons or better approaches, we had bettter just approach it that we will need probably the same ratio then that we need now.

Mr. WILLIAMS. It is not the purpose of this bill, then, to improve that ratio—that is, to make it one doctor to fewer citizens. And that ratio has held true?

Dr. MCGUINNESS. That ratio has held true for 30 years.

Mr. WILLIAMS. Is there any reason to believe it won't hold true for the next 30 years?

Dr. MCGUINNESS. No, sir, and that was the conclusion of 18 of the 20 people at the roundtable.

Mr. WILLIAMS. At least there was a dissenting opinion.

Dr. MCGUINNESS. There were two dissenting opinions.

Mr. WILLIAMS. I am sure they were considered opinions.

Dr. MCGUINNESS. I am sure they were also.

Mr. WILLIAMS. And it is your position that the only solution is through a Federal handout?

Dr. MCGUINNESS. I don't call it a Federal handout, sir, but I think Federal assistance is fundamental to saving our medical schools.

Mr. WILLIAMS. And the States, of course, are being disregarded with respect to their responsibilities?

Dr. MCGUINNESS. No, sir, because we would hope that this would serve as a stimulus to the States to do an even better job than they are doing now.

Mr. WILLIAMS. Doctor, the same thing holds true in the field of engineering, doesn't it?

Dr. MCGUINNESS. I can't speak for engineering, Mr. Chairman.

Mr. WILLIAMS. Well, I can state to you that an engineering education is expensive in the same manner that a medical education is, and even now there is legislation before the Commerce Committee to provide for Federal aid to engineering schools. Now, where are we going to stop?

Mr. LOSER. Would you excuse me. I have to be at the Supreme Court in a few minutes.

Mr. WILLIAMS. I am serious about this. Where are you going to stop?

Dr. MCGUINNESS. Of course, I think that is something you gentlemen in this body have to judge. We believe, we hope objectively, that the health of the Nation is a pretty vital resource.

Mr. WILLIAMS. Of course the military people feel——

Dr. MCGUINNESS. And it was felt early in World War II that unless we got on with the problem of medical research, that we might well not win that World War II. And I think it was established pretty thoroughly in World War II, and thereafter, that we had to have some Federal assistance to get the medical research output which we need to assure ourselves of the continuity of a healthy Nation. We obviously have to have the people who are going to deliver the products of that research to our Nation. We want good doctors.

There is a whole lot involved in this thing which involves quality just as much as quantity. While a palace doesn't insure that you make a fine doctor, certainly it is easier to create a fine doctor in an adequate facility than it is in a wholly inadequate one, as some of those that were described in the hearings the other day.

I think that I have personally—I have been a medical school dean, I have been mixed up in this thing from all kinds of angles, and I have personally no reservations about the need for this legislation, and therefore can support it very sincerely and honestly.

Mr. WILLIAMS. Mr. Dingell.

Mr. DINGELL. Thank you, Mr. Chairman. I would like to go back to this seminar that you participated in where the number of doctors per hundred thousand population was considered. Was there anybody there that was so foolish as to say that we have too many doctors today, or that we anticipate having too many doctors at any time in the future?

Dr. MCGUINNESS. Mr. Dingell, the proceedings of that seminar will be published. Of course, some of us disagreed very strongly with the two individuals there who did not feel we needed as many doctors now.

Mr. DINGELL. There were two people who said we don't need as many doctors?

Dr. MCGUINNESS. There were two members of that panel in whose judgment we would not need as many physicians several years from now as we have now.

Mr. DINGELL. Two out of how many?

Dr. MCGUINNESS. Two out of twenty.

Mr. DINGELL. I assume these 20 were fairly responsible members of the profession?

Dr. MCGUINNESS. I would have said it was a very representative group—wouldn't you, Dr. Neal?

Dr. NEAL. I would say they belonged to the upper class of the qualified men.

Mr. DINGELL. If Dr. Neal was there, I am sure it was more than satisfactory.

Mr. WILLIAMS. Will the gentleman yield at that point? Doctor, it is a matter of conjecture as to whether or not that ratio will have to be maintained in the next 10 or 15 years; isn't it?

Dr. MCGUINESS. Yes, sir; this is best judgment at this time.

Mr. WILLIAMS. There are certain factors which might not make that ratio necessary; aren't there. I mean we don't have a crystal ball, of course. We have to make the best guesses we can make. But isn't there a possibility that at some time in the future the need will not necessarily be as many as 1 in 750 on account of better transportation facilities, on account of development of these antibiotics, the elimination of certain diseases, and the general betterment in the standard of living of our people, and so forth?

Dr. MCGUINNESS. It is just awfully difficult to predict. I mean, just as the antibiotics came about, you found that, instead of just having a kid with a congenital heart come into the clinic every week and get looked at, you could do something about it. And it took a lot of people to do that. So I think it is just impossible to crystal ball this thing now. And that was the consensus of almost all the people in that particular group called together for the purpose.

Dr. BURNEY. I would be willing to predict, Mr. Chairman, if we are all assuming here some things, that within the next generation the need for 130 or 132 physicians per hundred thousand will not change, that with some of the advantages through urbanization, suburbanization, hospitals, which cut down on the need for travel and that sort of thing, along with that go certain demands for services. We have a prospect of 21 million people over 65 years of age by 1970, many of whom will have some chronic disease or another and who will require attention and so on. So I would not be very sanguine about decreasing the ratio in this coming generation.

Dr. MCGUINNESS. I would agree wholeheartedly with that.

Mr. DINGELL. I would like to get into this a little further. In the first place, as the population ages, more doctors to take care of the older folks and take care of their special problems.

Would I be fair in stating that throughout history, as each medical advance has come about, that we have needed additional people to take care of new procedures and techniques. For example, some of the special treatments we have in the area of heart surgery have required additional rather than less people. Wouldn't that be a fair statement? You have some of the operations on the heart—where you previously looked at the child and said "Come back and we will watch it"; today you say "Come back and we will treat you"; and you have a whole field of specialists to treat this instead of just X-ray the patient. Wouldn't that be a fair statement?

Dr. BURNEY. I think that would be a fair statement. But, on the other hand, the medical profession, along with some of the others, are learning to use auxiliary personnel to conserve their own professional time, and this has helped a great deal in maintaining quality of care, at the same time saving the time of the profession.

Mr. DINGELL. Wouldn't it be fair to say that in addition to this that your antibiotics are coupled with an expansion in knowledge

and expansion in the knowledge of use of the antibiotics, again requiring—perhaps relieving the medical profession in one area, and again placing another burden or another opportunity for care and treatment on the same profession. Wouldn't that be a fair statement?

Dr. BURNEY. Well, actually Dr. Neal, here, I think, might be better qualified than I. But I would suspect that the antibiotics have conserved the time of physicians and nurses, because they have enabled persons to recover much more quickly with less care than was true previously.

Mr. DINGELL. Wouldn't it also be fair to say that we are constantly learning more about existing ills, we are constantly not only learning more about existing ills but we are also learning more about new diseases. We are still discovering new diseases. I read in the paper the other day where a new disease was discovered. And that each one of these changes in medical learning offers additional opportunity for doctors to enter the field and earn a living. Isn't that a fair statement?

Dr. BURNEY. That is right.

Mr. DINGELL. Well, now, I was very interested in a number of things, and I heard a lot about this program of Federal aid to medical schools, and I wonder just what constitutes a good medical school. We have heard a lot about it, but we have not heard what a good medical school is. Do you need a hospital for a medical school?

Dr. BURNEY. Dr. McGuinnes is a former dean. I think he is better qualified than I am.

Dr. MCGUINNESS. That is a hard question to answer in a few simple words.

Mr. DINGELL. You need a good hospital, though?

Dr. MCGUINNESS. You need a good hospital, and a good medical school today requires a certain number of full-time faculty members, much more full-time staff than it used to need.

Mr. DINGELL. You need animal houses and nurses' homes. Your teaching hospital would need a nurses' home, I assume? In addition to that, you need teaching facilities and research facilities, wouldn't you?

Dr. MCGUINNESS. That is correct.

Mr. DINGELL. All that would go into a good, first-class hospital, the kind that was built, let us say, in Mississippi?

Dr. MCGUINNESS.. Yes, sir.

Mr. DINGELL. Also the one recently built in West Virginia?

Dr. MCGUINNESS. That is a very fine center in West Virginia.

Mr. DINGELL. Both those hospitals have such facilities? Doctor, I would assume you would be able to tell us about the hospital in West Virginia.

Dr. NEAL. It is one of the modern, up-to-date, push-button institutions.

Mr. DINGELL. Does it have a nurses' home and a teaching hospital?

Dr. NEAL. The teaching hospital has been completed. The facilities for teaching have been completed in the main building. The hospital is now under construction.

Mr. DINGELL. Is that hospital part of the school?

Dr. NEAL. It will be a part of the teaching institution.

Mr. DINGELL. Would you say it is a necessary part of the teaching institution?

Dr. NEAL. A very essential part. Unfortunately, it is located so near Pennsylvania that most likely the clinical material that will be furnished there will have to come from Pennsylvania rather than West Virginia, because it is located in a section of the State that doesn't produce the clinical material. It is a very fine institution. They have done a good job, and I must insist again, as I did the other day, they have done it without Federal aid.

Mr. DINGELL. That is a very interesting point. That is the point I was going to work around to.

Now, what about this medical school constructed in Mississippi? I assume it is going to have a teaching hospital, am I right?

Dr. MCGUINNESS. I presume it is.

Mr. DINGELL. Nurses' homes and so forth?

Mr. WILLIAMS. We have the teaching hospital already built, with our own money.

Mr. DINGELL. And nurses' homes, and animal houses, and research facilities there, too, won't I be fair in that, too?

Dr. MCGUINNESS. I would assume so.

Mr. DINGELL. I assume if it is a first-class medical school——

Dr. MCGUINNESS. It should have all those things, and I am sure it does.

Mr. DINGELL. Now, I took the trouble to go through a document here, Committee Print, Staff Report, Committee on Interstate and Foreign Commerce, House of Representatives, 85th Congress, 1st Session, Containing Background Information Relating to Schools of Medicine, Dentistry, Osteopathy, and Public Health, and in that I discovered a few interesting things. I found, as our chairman, and my good friend, has said, people don't run around stopping up the chimney on Christmas Eve.

I looked under the State of Mississippi and I found that the State of Mississippi had gotten a university teaching hospital at Jackson, estimated cost $5 million; $3 million of which were Federal funds under Hill-Burton. I have got no objection to the State of Mississippi getting its hands into the taxpayer's pocketbook. I happen to think it is a good thing, and I think Mississippi should have that hospital, and I think there ought to be some Federal funds in it if the State of Mississippi thinks there should be. I was interested to note this is defined as—

This is a new 350-bed general teaching hospital with outpatient and clinic facilities.

Then I went on down, on the subject of the same State here—well, let me go to West Virginia.

Mr. WILLIAMS. I must say even in the State of Mississippi we don't stop the chimney up on Christmas Eve. [Laughter.]

Mr. DINGELL. I went down here to West Virginia, and I looked here and I saw West Virginia University Medical Center, at Morgantown—I assume that is the school that Dr. Neal has been talking about here—they talk about a medical center. I assume this is the teaching hospital that we have been discussing. Estimated total cost,

$1,857,564—Federal share, $314,996. This facility will provide 143 chronic-disease beds for long-term patients.

Now, underneath that same facility they are going to have in addition to that another facility for the West Virginia University Medical Center, total cost $999,920, of which $114,996 is going to be Federal funds, and this committee print says this:

This project offers rehabilitation services to inpatients and outpatients with multiple disabilities.

Then I went on down here and there is another item here for the same school, $1,813,640; $200,000 Federal share. This is an outpatient facility with over 60 examining rooms. It includes facilities for general medical clinics and for various medical specialties.

Now, then, there is another item here under the same, West Virginia University Medical Center, $9,528,876, of which $370,487 is Federal contribution. And it says:

This is a 328-bed addition to a 520-bed hospital which is a teaching hospital to the University Medical School and will provide diagnostic and treatment rehabilitation and chronic disease services.

Now, we don't know how much else they might have gotten under Hill-Burton for the construction of the original facilities, because that is not included in here.

And I was very interested to go into some other parts of this committee print here. And I looked up here and I found that the State of Mississippi had constructed a sanitarium, tuberculosis infirmary for Negroes, $1,753,115, of which $584,372 was Federal contribution. Then they constructed Mercy Hospital, that was a new construction, $3,177,155. They got $1,046,670 of Federal funds.

Then coming down here to West Virginia again, I found that West Virginia had also gotten some Federal contributions here that they had not exactly rejected for hospital construction. I was interested to find that Charleston Memorial Hospital, at Charleston, new construction, $3,976,603, $1,325,534 Federal contribution.

Dr. NEAL. All Hill-Burton funds. And the first series that you read there were contributions that were made to the 2-year training medical school down there, before the institution was finally created as a 4-year medical school.

Mr. DINGELL. I might say, Dr. Neal, I am delighted that you were able to do that in West Virginia.

Mr. WILLIAMS. Permit me to say that if this legislation should pass, Mississippi intends to come in for its share if possible. As far as I can tell, Mississippi is not asking for any Federal handouts.

Mr. DINGELL. Then I came down here and under the same city in West Virginia, Charleston Nurses' Home and Training School, addition, $418,567, total cost, $255,326 Federal contribution. Parkersburg, St. Joseph's Hospital, an addition to the existing structure, $1,262,707, $770,075 Federal contribution. Camden Clark Memorial Hospital in Parkersburg, addition and replacement, $1,013,336, of which $405,517 was Federal contribution.

Then there are two other items under West Virginia in which Federal contributions ran $960,332, and $1,261,972.

Dr. NEAL. What items are they, may I ask you?

Mr. DINGELL. The last 2 items, 1 was Philippi and the other was Wheeling, Ohio Valley General, and the cost of each was $1,574,315 for the first, $5,033,726 for the second.

Now, I come over here and I see the University of Mississippi got Federal contributions of $1 million—no, it was a loan—$1,300,000 for dormitories to house 100 men and 100 women respectively, and apartments for 100 married students.

Now, along these lines, the reason I have been reading these things is because I wanted to ask you to give the committee for the record here a list of Federal grants for research, for hospital construction, for facilities for teaching and other things of that sort, so that we could understand who has gotten what and the general nature of the Federal program.

Dr. BURNEY. For all States, you mean, sir?

Mr. DINGELL. Yes, sir, if you could, for schools, teaching, hospitals.

Dr. BURNEY. For construction purposes?

Mr. DINGELL. For construction, for research grants. Could you get that together for us, Doctor, without its being a monumental task?

Dr. BURNEY. I believe so; yes, sir. The only difficulty I would have would be in the research grants, but I suppose we could get that.

Dr. VAN SLYKE. It would be very helpful if we could give it to you in items, and not list each grant, which would be a monumental task.

Mr. DINGELL. All right. I don't want a monumental task, Dr. Van Slyke, for the National Institute. But I assume you can give it to us for construction?

Dr. BURNEY. Very easily on that.

Mr. DINGELL. And I would be willing to take it whatever way you could give it to us.

Dr. VAN SLYKE. And for a single year, Mr. Dingell, say for the last year.

Mr. DINGELL. For a single year. But I think, Dr. Burney, you could give it to us differently, couldn't you?

Dr. BURNEY. We could give it to you for the last 5 years or any period you want.

Mr. DINGELL. I would be willing to leave it to your good judgment, in the way you think it would be most helpful to the committee.

(The information was later submitted by Dr. Burney and appears in appendix B.)

Mr. WILLIAMS. I don't know what the significance of all these figures might be. The Hill-Burton program, as the gentleman knows, is not an educational program but is for hospital facilities.

I might say even if they were for educational institutions and we had been provided such funds in the past, that would not necessarily justify or permit the same sin in the future.

Mr. DINGELL. Well, I merely offer the bulk of these—as I was going to remind my distinguished chairman and good friend, I was reading these things into the record only to show that the medical centers at the University of West Virginia and Mississippi have received substantial Federal funds, as integral parts of the two State medical schools, of which we have heard so much.

And I am sure that Dr. McGuinness and Dr. Burney will correct me if I am in error. They did receive substantial funds for that purpose, did they not, sir?

Dr. BURNEY. I would have to look that up, Mr. Dingell. I don't know the details of it.

Mr. DINGELL. I assume from what I read it would be fair to infer they had received fairly substantial Federal contributions.

Dr. BURNEY. I don't recall the specific instances. I don't know whether they were simply projections or whether actual construction was done, and whether $1 of Federal funds to $2 of State, I am not sure.

Mr. NEAL. Practically all of those have been completed. And St. Mary's Hospital, in Huntington, has recently received something less than a million dollars.

I think it was about $850,000 as contribution, Federal contribution, to a $2½ million extension they are making there on the basis that the new addition would furnish approximately 60 beds for chronic patients.

Mr. DINGELL. I hope that both you, Doctor, and our distinguished chairman and my good friend will not get me wrong. I am not against this, I am for it.

Was there any construction, Doctor, of educational facilities and medical schools and so forth under the PWA and WPA?

Dr. BURNEY. Not to my knowledge, but I would have to check that for the record, sir.

Mr. DINGELL. Was there any construction of universities and university campuses and things of that sort under a similar program?

Dr. BURNEY. I cannot answer that question, sir. I would be glad to get it for you, if you would like.

Mr. DINGELL. I want to go to just one more point that I have been belaboring thoroughly during this hearing, and that is the business of incentive to new construction and incentive to schools to expand their teaching staffs and their graduating classes.

I just want to start out briefly by saying I assume that I would be fair in inferring that both the AMA and the Association of American Medical Schools have a responsibility in accrediting and in policing and supervising the schools; is that correct, sir?

Dr. BURNEY. That is correct, and a similar council in the American Dental Association does it for accreditation of dental schools.

Mr. DINGELL. I recall that you were present when I went into this with other witnesses, and none of those witnesses brought out any information that was false, incorrect, or misleading, did they, when they told us how the AMA and the Association of American Medical Schools both accredit and then continue to maintain a supervisory capacity and function over the way these schools conduct their curricula and teach their students; is that correct?

Dr. BURNEY. That is correct.

Mr. DINGELL. And you are familiar, I am sure now, both you and Dr. McGuinness, with the Fogarty bill, H. R. 7841, which provides for substantial increases in the amount of grants for new construction—that is for construction of new medical schools and dental schools, and also for schools which will expand their capacity to produce graduates by about 5 percent.

Am I correct? And I would also be fair in inferring that you, as Surgeon General, and I think probably Dr. McGuinness, as special assistant to the Secretary, will have a substantial say and an opportunity to supervise the quality and the standards of instruction and the quality of graduates that will be produced by these schools.

Would that be a fair statement?

Dr. BURNEY. No, sir; we would not.

Mr. DINGELL. I mean in determining whether or not they shall qualify for these new grants.

Dr. BURNEY. They would have to be an accredited school of medicine to qualify for the grant.

But as for any concern with the teaching part of that university, past, present or future, we have stayed religiously away from that in all of our trainee programs, our research programs.

Mr. DINGELL. And the AMA will be able to get in there, though, and see to it that the standard of graduates and the standard of instruction is maintained under this bill through their accredited practices as presently used; am I right?

Dr. BURNEY. Yes. But let me add this. I think the greatest incentive for meeting minimum standards established by the Dental Council and by the AMA Council, is the pride of the people in that school to meet not just minimum standards, but to have the best possible medical school and the highest possible standards.

So when we are talking about the standards of the AAMC, and the AMA, and the Dental Council, we are talking about minimum standards. And I would say that the greatest incentive for not only meeting those standards, but improving them continuously, rests with the faculty and the dean and the other members of the profession.

Mr. DINGELL. Would I be fair in assuming that that would mean there would be two factors working for high quality consistent with quality presently available?

Dr. BURNEY. Yes, sir.

Mr. DINGELL. If we do offer some kind of an incentive feature for construction of new medical schools and for expansion of existing facilities. Would that be a fair statement, Doctor? I am not trying to trap you.

Dr. BURNEY. No, I understand. May I sum up this way, sir, relative to the incentive.

No. 1, and this goes back to the basic philosophy of our chairman—I think it is undesirable for the Federal Government, except in those areas where there is a demonstrated disparity of great need—for the Federal Government to do more than match dollar for dollar.

Now, that is No. 1.

No. 2 is that I think these schools that can, will expand without any incentive. In other words, they will add 5 students or 7 students. They have been doing it all along. At the same time their expansion, whether it is 1 student or 10 students, will be determined not so much by the standards of the AMA which they will want to meet or the American Dental Association, but by their own evaluation or assessment of their ability to train these additional students, plus the multitudinous pressures upon all medical schools to expand.

Mr. DINGELL. I am delighted to hear that. And I am certainly not debating that at this particular point, Doctor. But the thing I want

to know is: Wouldn't it be fair to say that these incentives will not deteriorate, will not necessarily deteriorate the standards of medical education in this country if the AMA, Association of American Medical Colleges, assume their reasonable and their fair and their proper responsibility in seeing to it that the schools maintain their proper standards—plus the fact that the schools have a responsibility to maintain their own standards. Wouldn't that be a fair statement?

Dr. BURNEY. I do not believe that the incentives will create a deterioration in the quality of training in the medical schools.

Mr. DINGELL. I very much appreciate that.

Dr. BURNEY. Even though I do not believe that the incentive in funds is necessary to create an expansion in existing schools.

Mr. DINGELL. No, Doctor, let me divert your attention to another field. Are there teaching hospitals around this country that don't have medical schools associated with them?

Dr. BURNEY. Yes, sir; there are.

Mr. DINGELL. Could you tell us where they are?

Dr. BURNEY. Well, by teaching I am inferring you mean for intern and residency training.

Mr. DINGELL. I mean hospitals that would be suitable for expanding into medical schools because of the existing research facilities there and because of the internal programs that they have, and because of other practices, other programs they might have there, which would make them suitable for expanding into medical schools.

I believe there is 1 in Boston, and I think there is 1 down in Texas. Am I right on that?

Dr. BURNEY. Teaching hospitals that could be utilized for training?

Mr. DINGELL. Yes; could be utilized for expansion into medical schools, because of the very splendid nature of facilities there.

Dr. BURNEY. Well, there are three medical schools now, I believe, in Boston. I am not sure of the hospital you refer to, but they have very adequate and excellent hospitals in Boston, and there are other cities in the country that have very good hospitals with resident and intern training and research facilities that might very well be used as an adjunct to a medical or teaching facility.

Mr. DINGELL. Dr. McGuinness, do you know of any such schools?

Dr. MCGUINNESS. Well, I think there are a number of extremely fine general hospitals in major cities that do conduct superior residency and internship programs, and also research programs, that could be the clinical and research arm of a medical school, assuming those communities were in a position to support the medical school part of the show.

Mr. DINGELL. Now, the thing I am concerned about is how are we going to offer sufficient incentive to see—or rather to offer a substantial inducement to these communities to form a medical school with—I assume it is a nucleus, or could it be?

Dr. MCGUINNESS. Well, if you have your teaching hospital, certainly you have a nucleus. I think that probably some of these great hospitals and their staffs would like to see them become medical schools providing the long-range support would be forthcoming, or that they could anticipate that long-range support would be forthcoming.

Mr. DINGELL. The idea that I have here——

Dr. MCGUINNESS. Actually, I think it is hoped that that is one of the ways in which we may be able to acquire some of the new medical schools this country will need over the next 15 or 20 years.

Mr. DINGELL. The thought I have in mind is this: We are spending taxpayer's money in this bill, as we do in every other bill. I would like to see that money spent in the most wise, intelligent manner possible.

In other words, I want the taxpayers to get the fullest value of every nickel spent.

Mr. WILLIAMS. Does that include the Bacon-Davis provision of this bill?

Mr. DINGELL. I am going to come to that in just a moment. I want to thank the chairman for reminding me of that.

Returning back to my thought, I would like to know, wouldn't it be a very worthwhile way to expand, and probably one of the most economical ways to expand, if we were able to offer some inducement for expansion around this nucleus of hospitals, fine hospitals that we have around the country?

Dr. MCGUINNESS. Certainly.

Mr. DINGELL. Does H. R. 6874 and 6875, do those bills offer a substantial inducement of that kind?

Dr. MCGUINNESS. They offer dollar-for-dollar matching.

Mr. DINGELL. Do they offer the greatest inducement possible for that kind of expansion?

Dr. MCGUINNESS. I think "greatest" is a relative thing. I feel, as Dr. Burney expressed a few minutes ago, that we take the position, No. 1, that dollar-for-dollar matching is the appropriate level of matching.

We feel that in all probability dollar-for-dollar matching will get us what we are looking for. And it is our goal to achieve our objectives at as low a cost to the Federal Government as possible.

And if we can achieve our goal on a 50–50 matching basis, we feel it is unwise to offer them more.

Mr. DINGELL. I would like to go on into this business——

Dr. MCGUINNESS. And we don't yet have any reason to believe that a 50–50 matching won't do the job.

Mr. DINGELL. I would like to go into this business of Bacon-Davis. Have you found that Bacon-Davis has raised the cost of any of your other medical programs, Dr. Burney?

Dr. BURNEY. Can you answer that, Dr. Van Slyke?

Dr. VAN SLYKE. We have no way of knowing that they either improved it or didn't. We haven't the cost of completing the structure.

Mr. DINGELL. Then no one is here this morning to urge us to disregard, let us say, the provisions of the Bacon-Davis law, or to not include the provisions of the Bacon-Davis law because it is excessively costly or exhorbitantly costly.

Would that be a fair statement, Doctor?

Dr. BURNEY. We did not think it necessary in the Department to add that provision.

Mr. WILLIAMS. Will the gentleman yield at that point?

Mr. DINGELL. I would be happy.

Mr. WILLIAMS. No one contends that the Bacon-Davis provision reduces the cost of construction?

Dr. BURNEY. No, sir.

Mr. DINGELL. Gentlemen, you are both here not to discuss Bacon-Davis provisions. In fact, would I be fair in saying that your Department takes no position as to whether Bacon-Davis should be added or not added to this bill?

Dr. BURNEY. It was considered, Mr. Dingell, and was not included in the administration bill. So by that I think one might assume that the Department does not favor the inclusion of this provision.

Mr. DINGELL. Would you say that you look with disfavor on that kind of provision. I am rather surprised to find the Department taking this kind of a position, if they are, and I certainly want to be disabused if I am in error in thinking you are taking that kind of position.

Dr. BURNEY. It was considered, sir, but it was not considered as necessary relative to the construction of medical and dental facilities inasmuch as I said previously that they have had years of experience, very good management, and even have architects of their own, and that their employment conditions and practices are quite different from a group deciding in a community that they want to build a hospital. Such local boards usually don't have the management and construction experience and policies that universities have, because universities are building buildings all the time.

Mr. DINGELL. Would this be, then, a statement to this committee that the Department of Health, Education, and Welfare would look with disfavor upon the addition of the Bacon-Davis provision to this bill.

Dr. BURNEY. No, sir; I do not mean to imply that.

I meant to imply that we considered it, and we did not consider it was necessary relative to medical and dental construction.

Mr. DINGELL. Would I be fair in saying, then, that you considered it but you didn't reach any firm conclusion as to whether it should or should not be included in the legislation.

Dr. BURNEY. Well, the fact that we did not include it in our administration bill I think would be fair to say we did not think it necessary, and therefore did not include it.

Mr. DINGELL. I want to narrow your position as closely as I can, so I can understand just which way the wind blows here.

Then am I to say that you are opposing the Bacon-Davis provision to the bill?

Dr. BURNEY. No, sir.

Mr. DINGELL. Would it be fair to say that you were instructed by the Department to come up here this morning and say you oppose Bacon-Davis?

Dr. BURNEY. No, sir.

Mr. DINGELL. Then what you say is you considered it, but you are not advocating it, isn't that it?

Dr. BURNEY. We did not——

Mr. DINGELL. Not advocating it as necessary to get this medical-school-aid program going.

Dr. BURNEY. We did not advocate it, because we did not think it was necessary in this particular type of construction.

Mr. DINGELL. Let me ask you this. Don't you think we ought to pay our workmen a fair wage? Don't you think a man ought to get a fair day's wage for a fair day's work?

Dr. BURNEY. I would certainly agree to that. I see no reason——

Mr. DINGELL. You wouldn't see any objection then to putting such a principle into a piece of Federal legislation—stating that we think the prevailing wage in the area ought to be paid.

Dr. BURNEY. I don't believe that the Department felt too strongly on this particular position.

Mr. DINGELL. This is the Department of Health, Education, and Welfare we are talking about, isn't it? Assume they are interested in the welfare of the American worker.

Dr. BURNEY. Yes, sir.

Mr. DINGELL. You mean to say that the Department doesn't feel strongly that the welfare of the American people demands that a fair wage be paid?

Dr. BURNEY. I said yes to your question that they certainly should be paid a fair wage. But I also stated that I believe it is the position—well, I know it is the position of the Department that we did not think that the lack of including this particular provision would mitigate against the workers in these places where the medical and dental schools would be constructed not securing a fair wage—again, on the basis of experience of universities in previous construction.

Mr. DINGELL. You say you don't think—do you think that they will receive the prevailing wage whether as or if we include it in the statute, then?

Dr. BURNEY. I believe so; yes, sir.

Mr. DINGELL. Then if that be so, why don't we just include it, because it won't have any effect. Surely it won't hurt it. It would stop "skinning," and I am sure you know what skinning is, don't you?

Dr. BURNEY. I have heard the term, and I think I know what you mean.

Mr. DINGELL. It means bringing in people from another to work at a low wage and charging the people you are doing the work for on the basis of the high-wage operation. Wouldn't that be what skinning is?

Mr. WILLIAMS. What is that term again?

Mr. DINGELL. "Skinning." It would be fair in saying that the Department of Health, Education, and Welfare, then, is not in favor of outlawing skinning or is in favor of it? I want to know what the position of the Department is.

Dr. BURNEY. I think I have expressed that in that the Department is in favor of a fair and prevailing wage scale.

But again it was our judgment——

Mr. DINGELL. That you didn't care to put it in the bill yourself?

Dr. BURNEY. That it was not necessary to assure a fair and prevailing wage in these areas.

Mr. DINGELL. Would you fight me if I were to try and put in the Bacon-Davis provision?

Dr. BURNEY. I can't speak for the Department.

Mr. DINGELL. Well, can you speak for the Public Health Service?

Dr. BURNEY. No, sir, we would not.

Mr. DINGELL. Thank you very much, Doctor.

Mr. WILLIAMS. Dr. Neal.

Dr. NEAL. How long are we going to be here?

Mr. WILLIAMS. I am ready to quit whenever you are.

Dr. NEAL. Are you prolonging this until after lunch?

Mr. WILLIAMS. No, sir, unless you gentlemen think that we should ask these men to come back.

Dr. NEAL. Well, I think a number of very important questions have been brought out and discussed. But it would seem to me that the emphasis of the Public Health people in advocating this bill is on research, am I right, Doctor? Research facilities.

Dr. BURNEY. Not entirely, sir. We believe that the research facilities should be extended. But we also believe that unless there is a sizable increase in the construction of teaching facilities for dental schools, medical schools, and the other two categories, that we are not going to have enough physicians and dentists to meet the growing population.

Dr. NEAL. Would you admit that during the past 30 years the ratio has been practically static?

Dr. BURNEY. Yes, sir.

Dr. NEAL. And you must admit that discoveries of one sort and another have greatly reduced the incidence of acute illnesses.

Dr. BURNEY. That is right, sir.

Dr. NEAL. And of course you recognize the coming need for increasing aging people probably some facilities whereby you can take better care of them, at least approach some method of controlling and preventing the disease to which the aging population naturally become subject to.

Now, I wonder insofar as research is concerned as it would apply to the incidence of acute illnesses, is there very much need for that any more?

Dr. BURNEY. Quite a bit, sir. I think the recent influenza experience brings that out. Also the fact that we still have a great deal of encephalitis in this country. We still have rabies, which is a human infection at times. We have the virus field which is becoming even more important to human health.

And your streptococcal infections now which are becoming resistant to antibiotics, is increasing our activities in that area.

We have controlled most of the childhood infectious diseases, but we still have a large number, Dr. Neal, of rather serious acute infections.

Your common cold, I think, is one.

Dr. NEAL. It is a stubborn thing.

Dr. BURNEY. Yes, sir, a great deal of research is going on in that.

Dr. MCGUINNESS. I think, Dr. Neal, the Secretary had a magnificent address before the American Philosophical Society last week.

In that address it was brought out that, broadly speaking, in spite of all our technological advances, it still takes as many physicians as it ever did to serve a given number of people.

That is a broad statement. But that is the way it seems to be. As we conquer some things, other problems come into being to occupy the physician's time.

Dr. NEAL. I wonder if you would admit, Doctor, that the physician has been raised to a standard of appreciation in the minds of people

that perhaps is just a little bit in excess of that which would be represented by the public confidence. The confidence in physicians by people is almost like a religion. Without that I don't believe physicians would be able to do the things they do.

I think that is probably a good thing, as far as that is concerned. But the fact that that does exist does create a demand on the part of the physician for the treatment of many, many illnesses and many physical conditions that people really could be well taken care of by themselves.

Dr. McGuinness. Of course, there is so much more you can do today for people than you could do when I started to practice medicine.

At the beginning of World War II I had aspirin and I had phenobarbitol and paregoric, and I had some diphtheria toxoid and tetanus toxoid, and that is substantially what I practiced pediatrics with, and that was not very long ago.

But I went back into practice 2 years ago and the change was perfectly extraordinary. What we can now do for people is amazing. And therefore now that we can really do things for people, people want those things done.

Dr. Neal. That is true. They learn to appreciate it and demand it and are willing to pay for it.

The only question that I can bring up along any of these lines is this: I fully recognize that the medical profession and its allied working organizations have done a wonderful job in the last 50 years and are continuing to do a wonderful job.

I think the local people generally have been interested in this thing. So much is available to people nowadays from the standpoint of their ability to learn, at least to hear of the things available to them, in the matter of taking care and preserving self-health and self-preservation.

I don't think there has ever been any country in the world that has as much available information, health information available to them, as we have in this country.

And it comes not only from the Public Health Service and the Public Health efforts that are serving the country, but it comes from practically every other source.

Now, I am getting into the extent to which the Federal Government should go into these fields. We already have the National Science Foundations. What is the total amount that the Federal Government appropriates for those agencies—six of them now that were authorized just a few years ago to take care of heart and cancer and mental health, and so on?

Dr. Burney. There are seven of those institutes, Dr. Neal, and the total funds that are provided to them by Congress for extramural grants, that is for grants that the heart, mental health and cancer institutes can provide for research institutions for research in those categories, amounts to about $98 million a year.

And in addition there is about $39 million available for trainee grants of one kind or another that I described earlier.

And then there is approximately $70 million for our own intramural research program. That may not be exactly right.

Dr. Neal. Explain what you mean by "extramural grants."

Dr. BURNEY. Those are grants that are made to research institutions outside of the Federal Government, outside of the Public Health Service, to the various universities, medical schools, and research schools.

Dr. NEAL. All right. Now the "intramural cost" is what you engage in in your own organization?

Dr. BURNEY. That is correct.

Dr. NEAL. And you have in your public health service how many personnel?

Dr. BURNEY. In research activities?

Dr. NEAL. In all activities?

Dr. BURNEY. In all categories, clerical as well as professional, about 24,000.

Dr. NEAL. That includes graduate physicians, scientists, health nurses, health personnel, sanitary.

Dr. BURNEY. All.

Dr. NEAL. What percentage of that 24,000 people work outside of Washington, would you say?

Dr. BURNEY. Well, there are about 9,000, I think, in the Washington area, and the rest of them are outside of Washington.

The Indian health program, for example, alone has about 5,000 or 6,000 persons. And our hospitals scattered throughout the country.

Dr. NEAL. All right.

Now, in your intramural work, what percentage of public-health men go out into the field, not only in teaching but in administrative work—does your own direct intramural activity train?

Dr. BURNEY. Dr. Van Slyke, can you answer that?

Dr. VAN SLYKE. I am sorry, Dr. Neal, I cannot give you a specific figure. At the National Institutes of Health we have something over 5,000 people employed—that is guards and so forth, as well as scientists and nurses.

And in our work particularly at the clinical center, where we have 500 beds and a large space for a laboratory, we do quite a bit of training. People come to us and stay with us and work. So we have quite a lot. But this is all research training. This is not service training.

Our biggest service-training job in the Public Health Service, I think, is at the communicable-diseases center in Atlanta, where they train a lot of public-health workers, epidemiologists.

Dr. NEAL. Then the two main institutions are the one at Atlanta and then the National Institutes of Health here.

Dr. VAN SLYKE. Yes, sir. Plus the Robert A. Taft Sanitary Engineering Center at Cincinnati, where they carry on research and the same type of training I have described.

Dr. NEAL. Those students assigned to those institutions are paid through your own funds, not only tuition, but their total expense of the education process?

Dr. BURNEY. No, sir. The ones that come into the communicable-diseases center, for example, are sent there by their State or local health department or by an industry for a short course in infectious diseases, or something like that.

Dr. NEAL. Mainly supported then by local and State funds.

Dr. BURNEY. Yes, sir. Except that the State may use some of their general health funds grant.

Dr. NEAL. It seems we have a quorum call and I shall not prolong this.

Mr. WILLIAMS. Obviously we cannot stay in session, Doctor.

At this point I would like to insert for inclusion in the record a letter received from Dr. C. D. Swope, chairman of the American Osteopathic Association, in regard to this legislation.

(The letter referred to is as follows:)

AMERICAN OSTEOPATHIC ASSOCIATION,
Washington, D C., April 28, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR MR. WILLIAMS: We believe the national interest calls for enactment of proposed legislation now the subject of hearings before your subcommittee (H. R. 6874, H. R. 6875, H. R. 7841, H. R. 11913) to extend the duration of the Health Research Facilities Construction Act, and to expand the program of Federal aid for construction of research facilities in the sciences relating to health as defined in the law so as to include also aid for construction of teaching facilities in those fields.

Inasmuch as copiuos information on the subject matter of the current hearings is already before the subcommittee by way of the medical school inquiry staff report containing background information relating to schools of medicine, dentistry, osteopathy, and public health, it was stated at the outset of the hearings that additional testimony should be of a refresher character.

There are six colleges of osteopathy and surgery. All are private, nonprofit, and approved by the American Osteopathic Association. Continued approval is based on periodic inspections and recommendations by the Bureau of professional education and colleges of the association. The American Association of Osteopathic Colleges cooperates for maintaining proper standards.

The product of these colleges, physicians of the osteopathic school of medicine, is in short supply according to the Department of Labor list of critical occupations. Yet, chiefly because of inadequate facilities only 1 in 3 applicants can be accepted and enrolled. These colleges are the only source of supply (in three-fourths of the States the scope of the license includes all branches of the hea'ing art) of the osteopathic population of all the States. Their function is, therefore, demonstrably national, as well as local.

The colleges are located in 5 States (California, Illinois, Iowa, Missouri (2), and Pennsylvania). In four of the colleges 85 percent to 90 percent of the students are from other States. The current student body of the 6 colleges is drawn from 43 States, the District of Columbia, Alaska, and Puerto Rico, and from Canada, British Guiana, British West Indies, Cambodia, China, El Salvador, Greece, Iran, Jordan, Korea, Malaya, and Peru. Their graduates are legally licensed and practicing in all the States and in foreign countries.

Current students obtained their preprofessional college work in 216 colleges in 38 States. More than 70 percent have degrees prior to admission to osteopathic professional study. Not less than 3 years' preprofessional college work is required for admission to any osteopathic college. A number of colleges of arts and sciences in some 15 States will confer the baccalaureate degree upon their students who do satisfactory work for 3 years and then successfully complete their first year in an approved osteopathic college.

The professional course is 4 years. Tuition takes care of only about one-fourth the cost. The deficit is partially made up by contributions of some one-half million dollars per year on the part of the alumni, borrowing, some scholarship funds, research grants, and teaching grants in the fields of cancer, heart, and mental health from the National Institutes of Health.

In his special Health Message of 1956, President Eisenhower asked for congressional authority "to assist in construction of research and teaching facilities for schools of medicine, osteopathy, public health, and dentistry and other research institutions." However, the Health Research Facilities Construction Act passed by Congress in July of 1956 did not include provision for assistance in the building of teaching facilities. In 1957—and again last January—the Pres-

ident renewed his request to the Congress for legislation which would add funds for teaching facilities to those already provided for research facilities.

The need is further confirmed in the Second Annual Report of the Surgeon General of the Public Health Service prepared in consultation with the National Advisory Council on Health Research Facilities which recommends as follows:

"We are convinced that if we in America are to get on with the problem of expanding health research and of improving the health of the American people, the artificial separation of education and research should be dropped and aid given for both. Hence, it is our recommendation that legislation be enacted to authorize a program for construction of facilities for the training of personnel in health-related fields, as well as for construction of health-research facilities. It is further recommended that the programs be administered as one, with review and advice by one council."

The colleges are unable to obtain funds necessary to replace outmoded facilities and equipment and make essential expansions. When the pending legislation is enacted it should furnish the necessary stimulus to contributors to do more and to interest additional donors.

We appreciate your consideration and we would be obliged if you will incorporate this letter in the record of the hearings.

Very truly yours,

C. D. SWOPE, D. O., *Chairman.*

Mr. WILLIAMS. Dr. Burney, there are many other questions I am certain that members of the committee will have.

As a matter of fact, we have not even touched on the $64 question yet; the Powell amendment. And that will inevitably find its way into this legislation, as you know.

Whether that requires any intensive interrogation I don't know. I don't intend to ask many questions about it. Other members of the committee may.

I don't know whether it will be necessary to conduct further hearings on this but I will consult with members of the subcommittee and if other members of the subcommittee should desire your return, would you be good enough to come back?

Dr. BURNEY. I would be most willing, sir.

Mr. WILLIAMS. Thank you very much.

Dr. BURNEY. We have not discussed dentistry very much here—we have concentrated on the medical part. The dental people did make a very good case the other day before you, and I would like to add in this construction program, of which you have a copy of the report of the last 2 years, there are not many requests from the dental schools for research construction, because the dental schools have been holding back any potential funds for increasing the size of their teaching facilities.

Mr. WILLIAMS. I suspect we will have some questions to ask you about that.

The committee will necessarily stand adjourned. I don't think we will be able to meet this afternoon.

(Whereupon, at 12:30 p. m., the committee adjourned, to meet at the call of the Chair.)

APPENDIXES

Appendix A

Material Submitted by Association of American Medical Colleges

Impact of Federal Assistance in Medical Education Facilities Construction Program, University of Miami School of Medicine

To understand and appreciate the full implication of importance of possible Federal assistance in the construction of medical education facilities insofar as the University of Miami School of Medicine is concerned, it is necessary to consider briefly the unorthodox background of the school's beginning.

From 1886 until 1952, there were no facilities for undergraduate medical education in the State of Florida. Early in 1952, however, the University of Miami board of trustees reached the final decision to undertake the development of a medical school. Considering that the university was a comparatively young institution, being only in its 25th year of operation and having no financial support from tax sources, the decision was not lightly made. Several facets entered into the considerations.

As previously mentioned, there was no other medical school in Florida. Undergraduate students in medicine had to look outside the State for their education in medicine.

The university, dedicated to the philosophy of having an obligation to render service to the community and to the State, wished to include a school of medicine in its organizational framework to bring the overall stature closer to a complete university structure.

The greater Miami area presented a most logical site for the establishment and operation of a medical school. It was the most populous area of the State and had unsurpassed potential for providing well-rounded clinical opportunities for teaching and research.

Groups of forward-looking citizens encouraged the university to take this step which would benefit the community and State.

The State itself, recognizing the need to provide medical education opportunities, had offered a partial operations subsidy to the first medical school which would open in the State.

In consequence of needs and encouragements, the university opened its school of medicine in the fall of 1952, only 8 months after the decision to do so had been reached. Restricted financial resources of the institution necessitated improvisations. The State's offer of subsidy support carried no provisions for construction of physical facilities and, indeed, prohibited the use of any of the funds for building and operation of a hospital facility. At an outlay of less than $500,000 the university was able to remodel a former servants' quarters building on the Veterans' Administration reservation. This provided temporary and minimal space requirements for the preclinical teaching departments. An arrangement with the county of Dade to use the county-owned and tax-supported Jackson Memorial Hospital, located 7 miles away from the preclinical area, assured the development of clinical teaching facilities at the proper time.

The expense of this opening contrasts with the usual situation involving the outlay of four to six million dollars for the preclinical facilities and ten to twelve million dollars for the clinical teaching facility. The manner of the opening contrasts also in the time involved. Whereas, ordinarily, a year or two for planning and 2 years for building are required before a medical school can be opened for operation under the usual pattern, only 8 months were required for preparation prior to the actual opening of this school.

Present status

In providing temporary housing for the preclinical departments, it was expected that permanent building could be undertaken before the demands of the school outgrew this temporary space. Failure of certain promises of financial assistance and the intervention of other critical aspects of the university have prevented construction of permanent quarters.

The building which houses the preclinical departments contains about 45,000 square feet of utilizable space. In this are the departments of anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology; the preclinical section of the medical library; administrative offices; students activities area; and one auditorium of small seating capacity. Student laboratories used in instruction, with one exception, were constructed to accommodate no more than 40 students at one time. Inasmuch as the classes have grown to twice this number at the present time, all laboratory teaching must be done by dividing the classes into two sections; this, of course, requires the faculty to devote double time to instruction.

The hospital used for clinical teaching was constructed as a service type institution. Although its facilities for handling the professional care of patients are unsurpassed, it was not designed to accommodate full-time faculty and personnel necessary to the school's operation, nor is adequate space available for classroom and conference type of instruction. Basic research areas are almost entirely lacking in the hospital proper.

To provide faculty offices, an abandoned area in the older part of the hospital was converted. As demands on this area outstripped its ability to accommodate more, odd rooms and corners have been stolen from the hospital's activities. The arrangement, of course, makes for wide separation of the faculty components and loss of intimate contact between departments.

Research activities of the faculty have been developed in whatever accommodations which were at hand or could be salvaged. These areas include a converted barracks building on a former Navy blimp base located about 15 miles from the preclinical section of the school and 22 miles from the teaching hospital; various areas in the temporary preclinical building which already is inadequate; a renovated ballroom in a former country club structure; and a remodeled mortuary adjacent to the teaching hospital.

Despite obstacles, the faculty's efforts have brought the status of the school to that of full approval by the American Medical Association and the Association of American Medical Colleges. In its present status, it is a new institution with minimal and temporary physical facilities. It has already made its initial contribution to the Nation's health resources through graduating two classes of new physicians, and through the conduct of research programs which total more than $1 million per year. Its immediate influence and its potential capabilities have resulted in several developments constituting the nucleus of an outstanding medical center for service, research, and teaching. The school will stand as the hub of this center in its ultimate development.

The need

Any new medical school has three basic needs in physical facilities. These are its basic instructional facilities in the preclinical areas, hospital facilities for its clinical instructional need, and adequate research quarters in which it can make its contributions to the advancement of medical knowledge and skills. The University of Miami School of Medicine has or soon will have two of these; namely, its clinical facility and its research building.

Excellent clinical facilities are provided in Jackson Memorial Hospital by the county of Dade. In the last 10 years, almost $14 million has been expended by the freeholders of Dade County to improve and expand the hospital. This institution is a component part of the school's resources.

Recently, and through provisions of Public Law 835 (Health Research Facilities Construction Act), a $2 million research building has been assured the school. Construction on this building is just ready to begin. Funds for its construction came in part from the Public Health Services and in part from university funds.

There remains, then, only the permanent building for educational programs to round out the school's permanent operations. A summary of the dollar need to provide such structure is presented.

Land for construction site. Already leased to the university on a 9-year lease by the county of Dade.

175,000 square feet of building	$3,500,000
Equipment and site improvement, and incidentals	500,000
Total	4,000,000
County of Dade has set aside	1,000,000
University will pledge	1,000,000
Needed from other sources	2,000,000

Benefits

If Federal funds can be provided for construction of facilities, the University of Miami School of Medicine will be benefited as follows.

Permanent facilities will be provided thus obviating such wasteful effort of faculty. Their attention can be turned to greater research effort which will reflect in contributions to the stockpile of medical knowledge and skill. Whereas at the present time, the school is privileged to admit up to 10 percent of each class from among nonresident applicants, but has never done so because of the paucity of physical facilities, an expansion of the classes by 10 percent could be accomplished.

In addition to regular medical students, the school will be able to accommodate a number of nonmedical students working in the basic medical sciences toward the Ph. D. degree.

By having adequate and modern quarters for its activities, the school can expand its programs to offer postgraduate educational opportunities to practicing physicians of this and other geographic areas. These programs will involve special attention to the Latin American countries which are so needful of the help of the United States in their medical advancement. Such programs are, we believe, a firm manner of cementing good relations with peoples who now are on the brink of communism and whose hemispheric assistance can easily be lost to our country.

UNIVERSITY OF CALIFORNIA MEDICAL CENTER,
Los Angeles, Calif., March 20, 1958.

WARD DARLEY, M. D.,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: In reply to your recent memorandum regarding Federal construction funds for medical and dental schools, I am listing the UCLA Medical Center building program items. These are student-expansion programs which would expand our basic and clinical science facilities to accommodate medical-student classes of 100 each. Our class size now is 50 students. This is divided into several units in order to phase in both the financing and construction stages.

The basic sciences unit emphasizes the expansion of all the preclinical departments of the medical school, the animal facilities, the biomedical library, and administrative areas. The estimated cost for the project is $10,892,000.

At the present time programs are being submitted by the clinical departments and hospital divisions for the expanded program which will include bringing the inpatient facilities from 312 up to 1,020 beds, and outpatient facilities for approximately 550 patients per day.

Expansion of the clinical sciences facilities to the level of a 100-medical-student class will require careful consideration of all parts of the hospital service areas, including dietary, housekeeping, clinical laboratories, surgeries, etc., as well as the expansion of the inpatient and outpatient facilities mentioned above. The estimated cost for this project is $15,143,000.

We are proposing that the first 2 years of a dental-school curriculum become a part of our basic sciences unit expansion, naming 1 division for dental education in each of the 6 existing basic science departments, and using medical-school laboratories and other facilities jointly. The additional space required for this would approximate 12,000 square feet at an estimated cost of $540,000 if it it built simultaneously with the basic sciences unit mentioned above.

The cost of the last 2 years of the dental curriculum, including the clinic, has not been compiled at this time but probably will cost approximately $3 million.

We still plan facilities for a school of nursing, $3 million, and a school of public health, $3,700,000, and sundry other items for parking, dormitories, etc., which add up to a tremendous sum. However, we would be able to expand our student body from 700 to approximately 2,500 students in the medical professions.

Any Federal matching funds available would speed up the completion of these programs and lift a heavy burden from the State's financing problems. We have a special problem in California, particularly in the southern part, due to the immigration of a high population since the war. Even today our metropolitan area of Los Angeles is gaining approximately 500 new inhabitants a day—a rate which has remained constant since the war. Thus, our overall educational facilities are overtaxed and the medical professions need more educational facilities very acutely.

Cordially,

STAFFORD L. WARREN, M. D., *Dean.*

STATEMENT IN SUPPORT OF FEDERAL LEGISLATION FOR RESEARCH AND TEACHING FACILITIES CONSTRUCTION FOR SCHOOLS OF MEDICINE, DENTISTRY, AND ALLIED PROFESSIONS

In my capacity as dean of the University of Colorado School of Medicine, I am writing in support of proposed legislation to aid in the construction of research and teaching facilities for the medical schools of the country. At this time, such support is essential to the University of Colorado School of Medicine if it is to fulfill its educational and service objectives and contribute most effectively to our State and our Nation. The following brief summary describes our present situation.

The University of Colorado School of Medicine was founded in 1883 at Boulder, Colo., the site then and now of the University of Colorado. It has carried on in the field of medical education continuously since that date, either in Boulder or in Denver; since 1924, all 4 years of the medical program have been offered at the present University of Colorado Medical Center in Denver. The center proper consists of the school of medicine, the school of nursing, the Colorado General Hospital, and the Colorado Psychopathic Hospital. Construction of the center in Denver in 1924 was made possible to a large degree through the generosity of the general education board of the Rockefeller Foundation and by significant contributions from citizens of this area. Indeed, of the current valuation of $4,621,379 of our buildings and grounds, as set forth in the most recent auditor's report of June 30, 1956, 60 percent has come from sources other than the State of Colorado.

The facilities for the school of medicine were designed to accommodate 4 classes of 50 students each. When the present plant was constructed, the faculty numbered approximately 25 full-time members (all in the preclinical departments) and about 75 volunteer members. The Colorado General Hospital had 150 beds. Over the years, in response to the needs of our country for more doctors, our entering medical-school class has been expanded so that it now numbers 85, including up to 20 students from those Western States and the Territory of Alaska which themselves do not have medical schools. The full-time faculty has been expanded to almost 100, and the volunteer faculty to almost 700. This increase of over 60 percent in student body has not been accompanied by a comparable increase in teaching facilities, preclinical or clinical. Although the Colorado General Hospital has, by the addition of 1 wing, been increased to approximately 275 beds and the Colorado Psychopathic Hospital, built in 1924, adds 78 beds for the mentally ill, the teaching bed total is far short of that needed, and makes necessary a number of extramural affiliations which, though valuable, limit the efficiency of our educational efforts.

In addition to the very marked increase in the number of medical students being educated each year by this school, there are also approximately 225 interns and residents receiving graduate training in the various specialities of medicine and approximately 25 candidates for the doctor of philosophy degree. The school of nursing numbers over 500 students (undergraduate and graduate), and there are 75 students in the paramedical areas, such as medical technology, X-ray, physical therapy, etc. Each year almost 3,000 physicians come to the medical school for postgraduate courses. From these figures it can be readily seen that the educational mission of the University of Colorado School of Medicine and its associated programs has grown remarkably during the past 35 years,

and plays a very significant role in the training of physicians, nurses, and technologists, at the same time rendering a very large amount of medical service to the 8,200 admitted inpatients, and the large ambulatory load comprising 140,000 outpatient clinic visits each year at the medical center.

Those who have been trained at the University of Colorado Medical Center over the years have gone forth to serve not only the residents of Colorado but citizens of the United States as a whole. Indeed, our medical graduates are to be found in all but 2 of the 48 States, and significant numbers have settled both in Alaska and the Territory of Hawaii. At present there are over 2,400 living graduates of the school of medicine.

At this critical time in our Nation's history, when the demands for physicians and other trained health personnel are increasing because of our expanded population, we have just completed an exhaustive survey on our own situation, particularly in respect to our needs for the next 25 to 50 years. Participating in this study have been members of the faculty as well as many other especially qualified persons. On the basis of our findings we have projected an overall program, designed to make up for our deficits and to provide us with the proper facilities for the years ahead. This "master plan" has been approved by the board of regents of the university, and includes necessary physical expansion of the schools of medicine and nursing and their affiliated programs, a new hospital of 405 beds to replace the obsolete Colorado General Hospital, and a new school of dentistry to accommodate 50 students per class. The medical school entering class will be increased to 96 students, and additional increase in numbers of graduate students in the basic sciences (a group sorely needed as teachers and investigators) will also be possible. Finally, improved medical care for a larger segment of our population will result. The plan envisions adequate teaching and research space as well as modern patient care facilities, to be built as economically as is consistent with effective operation. The new structure will be built so as to permit future expansion when needed.

Several years ago the Legislature of the State of Colorado appropriated something over $6 million from a 10-year special mill levy toward the revitalization of the medical center. The proposed building program, as approved by our board of regents, will cost approximately $18 million. In short, unless an additional $12 million can be obtained, implementation of this program cannot take place. It is the unanimous view of all those concerned that the medical center has too long carried on its activities in an inadequate facility, and all are agreed that anything short of the proper plan would be unfair to the faculty, the student body, and the very large number of patients cared for in the center. The completion of this project is essential to the continuation of the high standards of education and service developed at the University of Colorado over the years. The faculty and staff have performed in a dedicated manner over the years, despite inadequate salaries and facilities, because they have felt the great potential of this center, 1 of 2 university medical centers in the entire Rocky Mountain West, and this potential can now be achieved with proper financial help. All of us who have worked so long in the development of this program, however, recognize the need for Federal support if we are to achieve our goal. At its most recent session, the Colorado Legislature approved a general fund of $61,932,659. The State universities and colleges, as well as other institutions, are supported from this fund. The demands of all of the institutions of higher education within the State and those of the other State agencies are so great that there can be no doubt but that financial aid from other than State sources must be obtained if we are to meet the needs of the University of Colorado Medical Center. In order to raise the additional $12 million required, we will actively seek support from private donors and from the State of Colorado, but Federal help is essential.

There can be no doubt but what the University of Colorado Medical Center, if it achieves its present goal, will be in a position to offer far greater and more effective educational and health services not only to the State but to the country as a whole.

With a building program approved, availability of the necessary funds will enable us to move immediately into the new construction. Within a period of 4 to 5 years the entire project could be completed and the University of Colorado Medical Center would be in a position to fulfill in proper fashion its mission. It is therefore our real hope that the Congress will provide legislative support which will make available matching funds for the construction of research and teaching facilities for schools of medicine, dentistry, and the allied professions.

STATEMENT OUTLINING THE IMMEDIATE NEEDS OF THE CHICAGO MEDICAL SCHOOL AND ITS STAKE IN THE PASSING OF FAVORABLE LEGISLATION GRANTING MATCHING FEDERAL CONSTRUCTION FUNDS FOR MEDICAL AND DENTAL SCHOOLS

Status of applicant

The Chicago Medical School is a not-for-profit institution, chartered in the State of Illinois in 1912. It is accredited by the American Medical Association and the Association of American Medical Colleges. It is managed by a board of trustees consisting of public spirited citizens of several cities, who serve the institution without compensation and who, also, contribute to it financially from time to time. The school is not subject to taxation and all contributions to it are deductible for income-tax purposes. Appended herewith is a copy of the exemption ruling of the Internal Revenue Service.

The Chicago Medical School building, located at 710 South Wolcott Avenue, is the discarded, old Francis Williard Hospital, which was converted some 28 years ago into the present medical school quarters. After many years of rehabilitation of the building, we have managed to install workable laboratories in anatomy, physiology, pharmacology, biochemistry, microbiology, and pathology. We have also converted a number of small rooms into combination office-research laboratories and a library. In addition, the major part of the basement houses the animal quarters. We have utilized every possible nook and cranny and, in spite of the continued state of repair and total utilization of the space, the quarters are very crowded and inadequate, and it is virtually impossible to keep a qualified staff intact under such adverse conditions.

Now, because of the rebuilding of the West Side Medical Center, of which our school is a part, our building, inadequate as it is, is destined for condemnation and demolition, since our land is assigned to the Cook County Hospital. Even now, our need for much large quarters is so urgent that we have been forced to utilize 5 old, discarded 2-story dwellings as working quarters for our staff. It may be added that these dwellings are also destined for demolition because of their total unfitness and possible menace to life. Three of these old buildings belong to the Mount Sinai Hospital and, because of our need for space, we appealed to the hospital to allow us to rehabilitate these buildings on a temporary basis. We were obliged to purchase the two other buildings even though we were aware of their transitory use and possible condemnation. (See appended photograph.)

The total area of the present college building is 42,500 square feet while the area of the five 2-story buildings add another 17,500 square feet. In contrast to our totally inadequate and deteriorated physical plant, our equipment is excellent and our qualified and dedicated staff, though working under great stress and limitations, is doing a very creditable job of teaching and research.

Considering the size of our present student body (about 270) with the admission of 72 freashmen each year, we are fortunate in having a very substantial staff consisting of voluntary, half-time, and full-time teachers and investigators, numbering nearly 500, of whom 64 are on a full-time basis. Our full-time staff devotes its entire time, effort, and energy to teaching and research and is not allowed to do either private medical practice or consultation, or have any other positions or occupations.

We are equally fortunate in having a substantial number of teaching beds, some of which are exclusively assigned to our students while others are used in county and Federal hospitals jointly with other medical colleges. At present, we have the exclusive use of about 360 beds at Mount Sinai Hospital, nearly exclusive use of Michael Reese Hospital (some 950 beds), about 1,400 beds on our own services at Cook County Hospital, and 125 beds at the West Side Veterans' Administration Hospital.

Further, considering the facilities of our school, both from the standpoint of the free utilization and abundance of desirable clinical material, and the employment of full-time professors, it is our conviction that, given adequate quarters for the staff and laboratories, we could increase our medical student body from 270 to about 400, or have an annual entering freshman class of 100, which constitutes an increase of about 38 percent over our present enrollment. We fully believe that this increase in the student body will in no way detract from the quality of the teaching program offered to our students. On the contrary, we look forward with confidence to greater advances and further improvement in our preparation of competent physicians and scientific investigators.

Plan of applicant

The State of Illinois has appointed a Medical Center Commission whose function and responsibility is to rebuild the West Side Medical Center of Chicago and to relocate some of the medical institutions which comprise this center at the present time. For this purpose a vast area surrounding the Cook County Hospital has been set aside for this development. This area occupies about 49 square blocks.

In addition to our medical school and the Cook County Hospital, the center contains the University of Illinois Professional Schools (medicine, dentistry, and pharmacy); Loyola Univesity Medical and Dental Schools; the West Side Veterans' Administration Hospital; the Presbyterian-St. Luke's Hospital and other hospitals and institutions dealing with health and welfare, destined for immediate construction or which are now under construction.

The Medical Center Commission has allocated a parcel of land, nearly 10 acres in area, for the new Chicago Medical School campus. It is on this site that we propose to build our new medical school.

The demolition and clearing of this area is nearing completion and our board of trustees and faculty are completing plans for a new medical school structure which will have a capacity for 400 medical students, with adequate departments and laboratories to enable the staff to do creditable teaching while pursuing investigative work in their respective basic and clinical sciences.

The proposed building will have an area of 240,000 square feet at an estimated cost of $7,200,000. In addition, we estimate that the movable equipment for this medical school will cost $1,200,000. We do not have these funds, nor can we expect to secure them to this extent from private sources now or in the foreseeable future. Our only hope lies in the passing of favorable legislation appropriating Federal capital funds for teaching facilities. It is our experience and conviction that should such Federal funds be granted, society will enthusiastically come to our aid and in voluntary contributions match the Federal funds within the provisions of the statute governing such grants. We have had very satisfying experiences in raising private funds on a matching basis. We have been eminently successful and we are certain of our ability to successfully perform in the future as we have in the past.

Respectfully submitted,

THE CHICAGO MEDICAL SCHOOL,
JOHN J. SHEININ, *President.*

STATEMENT FOR CONGRESSIONAL COMMITTEES BY JOHN F. SHEEHAN, M. D., DEAN, STRITCH SCHOOL OF MEDICINE OF LOYOLA UNIVERSITY, CHICAGO, ILL.

Gentlemen, the basic science departments of the Stritch School of Medicine are housed in an old building, formed by the union of 3 buildings, the newest of which, erected in 1925, is already 33 years old. The oldest section, built in 1876, is now 82 years old. Over the years space has become a critical problem, so much so that one department, the department of pathology, in 1939 moved to an old building on the grounds of the main private teaching hospital of the school, Mercy Hospital, located some 5 miles away from the medical school proper. The total area occupied by the basic science departments, including pathology, amounts to about 67,000 square feet and is definitely inadequate. The quarters for clinical research consist of a completely insufficient number of rooms in two associated private hospitals and in Cook County Hospital.

Lack of space is a serious impediment not only to the instruction of medical students and to increase in clinical research but also to the expansion of our active graduate program in the basic medical sciences. At present, 49 graduate students are enrolled for medical science or doctor of philosophy degrees in anatomy, physiology, biochemistry, microbiology and pharmacology. This program not only increases the research output of the faculty but provides a number of potential basic science teachers for medical schools, in an area in which a severe shortage already exists.

In 1948 a campaign was instituted for funds for a new building. Approximately $3,250,000 were raised, about 1 million of which was earmarked to defray operational expense. A 50-acre site in the northwest area of Chicago was acquired in 1955 for the erection of a new medical center to consist, in the initial phase, of a new medical school building and a new private hospital. Approximately $2,250,000 are on hand for construction of the medical school. The new building will house all of the basic science departments and provide adequate

space for research and teaching by the clinical departments. It is estimated that 50 percent of the square footage of the building will be utilized for research and 50 percent for instruction.

By March 1956, plans for the building had advanced to a stage where contractor's estimates could be secured. On the basis of a floor area of 171,000 square feet, almost 3 times the area of our present quarters, the cost of the new building was estimated to be $5,350,000. This figure included all costs, except those for movable furniture and equipment, and legal and fund-raising fees. Since almost 2 years has elapsed since the original estimate, a revision is in order. It is anticipated that the cost now will be at least 10 percent greater than in 1956.

The new building is designed to accommodate 100 students per class. At the present time 88 freshmen are admitted and approximately 80 seniors graduate. Hence there will be an increase in enrollment, amounting to about 13.6 percent.

Over the years the medical school of Loyola University has made a significant contribution to the medical care of the people of Chicago as well as to communities far removed from Chicago. Two years ago and analysis of the medical school origin of the physicians of Chicago revealed that 23 percent were graduates of this school. Fairly large concentrations of alumni are found in California, particularly in the Los Angeles area; in the New York-New Jersey area and in Ohio and Michigan. In order to continue to provide adequately trained physicians for the community, the Stritch School of Medicine must have new facilities. Without Federal funds, the erection of these facilities will undoubtedly be long-delayed. With these funds and the resulting stimulus to alumni, philanthropic individuals, corporations and the people of the Archdiocese of Chicago, it it probable that ground could be broken within 18 months to 2 years.

You are urged to give serious consideration to House bill ——. It is our sincere hope that the bill will be passed by Congress.

INDIANA UNIVERSITY MEDICAL CENTER,
Indianapolis, Ind., April 14, 1958.

WARD DARLEY, M. D.,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: I want to refer you to your memorandums Nos. 4 and 9 regarding pending Federal legislation for expansion and modernization of physical facilities of medical schools.

As you know, immediately after World War II, the Indiana University School of Medicine was among the first of the American medical schools to expand freshman enrollment to meet the demand for an increased number of qualified applicants and to attempt to supply additional physicians for medical practice. In 1948, the freshman enrollment of the school was increased from 128 to 150. This was accomplished by some remodeling of the limited quarters of the school of medicine and with a few faculty additions, not only in the preclinical but clinical departments. This was underwritten financially, in part at least, by a special appropriation from the Indiana General Assembly. Knowing that this was a stopgap measure at best, we planned a basic science building to house the departments of anatomy, physiology, pathology, microbiology, biochemistry, and pharmacology to acommodate both medicine and dentistry and planned this building for the Medical Center campus at Indianapolis. This meant a move of the first year of instruction in both medicine and dentistry from the home campus at Bloomington to Indianapolis. Over three sessions of the biennial meeting of the Indiana General Assembly, a total of approximately $7½ million has been appropriated for this building and for the equipment. The building was planned to ultimately accommodate a beginning medical class of 200 and a beginning dental school class of 90. A great deal of study was given to the planning of the building with particular attention being given to multiple use of student laboratories and saving of space in staff areas. This building, which will be available for occupancy on June 1 of this year, will be excellently appointed and useful but exhibits some shortcomings because of lack of funds to complete the project as originally planned. For example, no space has been allocated for an area for the teaching of biophysics. The department of biochemistry has but five staff offices and laboratories for a department charged with teaching a huge number of students. We have but 2 lecture halls in the

building that will accommodate 1 entire class of the school of medicine. Toxicology, which in our opinion should be closely affiliated both with biochemistry and pharmacology, must be housed elsewhere.

The basic science building was planned and built so that future additions could be made without disturbing the building operation. Portions of two whole teaching floors were deleted from the plans for lack of funds. If we had construction funds, we would like to complete these floor areas which would give us more adequate space for biochemistry and toxicology and would enable us to establish laboratories in biophysics. We would estimate the total cost of this 2-floor addition including equipment at $800,000.

Our present curriculum, both in medicine and dentistry employs a small group and conference-type instruction even in the preclinical years. It would be our intent to add a classrom and conference room wing either to the new basic science building or an adjacent structure. In this classroom addition, we would also wish to develop a meeting room that could accommodate more than one class in the school of medicine. A number of departmental chairmen have found it to be of advantage to conduct demonstrations to larger number of students than one classroom. This is particularly true in the case of the clinical pathological conferences which are carried on from the beginning of the sophomore year through to graduation. Such an addition with the necessary equipment, would be estimated to cost $1,200,000.

It is our intent to remodel the present outdated and wholly inadequate medical school building for a building to house the clinical departments. If this building can be completely modernized along the lines now suggested by the architects and engineers, a substantial amount of undergraduate instruction would be carried on in that structure. We have a small State appropriation to plan and begin the remodeling of the building. It is possible that additional funds to assist us in this regard may be requested from the next General Assembly meeting in January 1959. The total cost of remodeling of the building would amount to approximately $1,150,000.

We have felt that the State of Indiana has been quite generous in appropriating capital funds for the schools of medicine and dentistry in the past few years and felt that we were fortunate indeed in obtaining the basic science building without asking for Federal aid. You will understand, however, as outlined above, that in the contemplated expansion to 200 beginning students in medicine and the 90 mentioned in dentistry, that the student laboratories and staff areas provided comprise an important but only partial segment of the physical plant needed to meet the needs. The lecture halls, conference rooms, additional staff space in the departments mentioned, and the addition of the suggested department of biophysics would do much to establish the instructional program on a firm basis and correct many of the deficiencies that now exist. There is some doubt that we could expand our student enrollment to any substantial degree even with the student laboratories unless assistance is forthcoming.

You may recall our conversation as early as 1957 when we discussed with President Wells the possibility of establishing a 2-year program in medicine on the Bloomington campus. This would make use of the present school of medicine building located there as well as the facilities of the newly-constructed Jordan Hall of Science and the Chemistry Building. The faculty committee that has been charged with planning a program which has now developed into a 6-year program in basic biological science estimates that remodeling to the extent of $565,000 will be needed to redesign the laboratories and faculty areas. As now planned, the program will be under the direction of the school of Medicine but will use the services of members of the arts and sciences and graduate faculty in an entirely new type of instructional program.

In closing I might point out that the Indiana University School of Medicine is the only school of medicine in a State which is rapidly growing in population and where the admission demands have more than kept pace with the facilities offered. Even so, the faculty committee on admissions has continued to accept qualified out-of-State and foreign students and has no restrictions as to race and sex of applicants. While we have attempted to build the physical plant to meet the needs of the program, we have continually attempted to add academic staff in all departments to upgrade the teaching. I feel confident that with some substantial assistance through this program in meeting our construction needs, we can utilize the space to the fullest advantage.

Sincerely yours,

J. D. VANNUYS, M. D., *Dean.*

UNIVERSITY OF KANSAS,
MEDICAL CENTER,
Kansas City, Kans., January 16, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Chicago, Ill.

DEAR WARD: I write this letter on behalf of the University of Kansas and its School of Medicine in regard to Federal construction funds that may be available in the future.

The University of Kansas School of Medicine has at the present time received planning money from its legislature to provide for plans for a $2 million addition to its science building in order that the medical school may be consolidated on one campus. This facility will house the teaching departments of the first-year curriculum and provide for this medical school for the first time in its 50-year history a consolidated program. The building is being planned to accomodate 120 entering medical students. The present facility on the Lawrence campus of the university has a complement of only 100 students. The additional 20 students are being planned for with a view that the future will probably require an increased in-take in the medical school, and we are planning for this eventuality.

If the State of Kansas is to provide a loan for this building its construction will be delayed for at least 4 years, for our educational building fund cannot provide the resources in less time than that. On the other hand, with Federal funds available we can foresee the completion of the building within 4 years.

This building will provide for superior medical education for the citizens of this State as well as those States immediately surrounding it. I would point out in this regard that we have no firm residence requirement and the State of Kansas has been providing, at least in part, for citizens of other States to complete their medical education. It is our earnest hope, and in this the chancellor of the university joins me, that Federal funds will be provided for this purpose.

Sincerely yours,

W. CLARKE WESCOE, M. D.,
Dean of the Medical School
and Director of the Medical Center.

UNIVERSITY OF KENTUCKY,
Lexington, Ky., January 16, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR WARD: This letter is in reply to your memorandum No. 4, dated December 10, 1957, asking for a brief statement on the probable benefit to our medical center if Congress provides matching funds for the construction of medical and dental educational facilities.

As you know, the University of Kentucky is now developing a new medical center and our situation is not representative. Nevertheless, I feel the passage of this act would be of great importance to our development and to other medical schools and centers.

We have plans for a $27 million medical center which will be entirely new. The State has already appropriated $5 million for this center and the Governor has recommended the appropriation of an additional $12 million of State money. This leaves a balance of approximately $10 million which we hope to secure from the Federal Government. Approximately $1,400,000 has been approved or earmarked from the health research facilities grant and the balance is anticipated from Hill-Burton funds.

It should be pointed out that our financial plan is very tight and if construction costs go up or if Congress reduces the Hill-Burton appropriations, it is probable that we will be in difficulty. Equally important, the commitment of the State to this medical center will use practically all of the Hill-Burton money available to Kentucky through the year 1961, assuming the present level of appropriations. There are many demands in Kentucky by voluntary hospitals for Hill-Burton funds and it will be impossible to take favorable action upon any of these until after 1961, when the present commitment of the University of Kentucky Medical Center is satisfied.

If Federal matching could be available for medical and dental educational facilities, including the teaching hospitals and dental clinics, this would go far to insure the completion of our medical center on schedule and it would permit the Hill-Burton funds to be used where they are needed in the improvement of community hospitals throughout the State of Kentucky.

The provision of such funds would also accelerate our development. According to our present schedule we cannot contract for the dental school facility until 1960, when, presumably, sufficient Federal funds will become available to match State moneys to permit us to enter into a contract. The delay factor introduces risks for this phase of the development, in that costs may rise during the intervening period and contracts for the dental clinic cannot be let until a new administration is in office, at which time it is possible that the political climate or economy of the State would result in the indefinite postponement of this phase of our development.

Our financial plan is so tight that I believe we will find the money allocated for equipment inadequate, and Federal matching funds could be very helpful, perhaps, in enabling us to equip properly our new medical center.

I hope that Congress will take action to make funds available. I believe that such money is of great importance and should carry a high priority, particularly so now that we are in the sputnik era. If I can assist in any way, do not hesitate to call upon me.

Yours very truly,

WILLIAM R. WILLARD, M. D.,
Vice President.

P. S.—Since dictating this letter your recent memoranda, Nos. 9 and 10, arrived. You asked that we indicate the additional number of students that will be accommodated as a result of the development of our facilities. We are planning for a class of 75 medical students, 50 dental, and 60 to 100 nursing students. On a supplementary page we have tabulated the potential enrollment of the various kinds of students after our medical center is fully developed. The figures indicate that about 1,000 students in full-time residence and about 1,000 part-time students might be enrolled in any given year. Since this is a new center, these figures represent an increment over existing resources.

One point covered in the letter but not emphasized is our need for Federal matching funds for the construction of hospital and patient care facilities. The inclusion of hospital beds has not been indicated in any previous proposals that I am aware of, except in the Hill-Burton program. In my opinion, it would be desirable either to supplement the Hill-Burton program, or to include patient care facilities for teaching centers in any proposed legislation.

WILLIAM R. WILLARD, M. D.

University of Kentucky Medical Center projected enrollment in the education programs at full development

Medical students (75 per class)	285
Interns, residents, and clinical fellows	100+
Postgraduate medical education (part-time)	500
Dental students (50 per class)	195
Dental interns and residents	8
Postgraduate dental education (part-time or short-term)	250
Graduate program in the medical sciences	30
Nursing:	
Collegiate program (70 per class)	230
Supplementary program	40
In-service training	60
Extension enrollment	80
Graduate program	10
Anciliary programs:	
Dental hygiene	50
Physiotherapy	50
Occupational therapy	50
Laboratory technology	40
Clinical psychology	12
Dietetics	8
Total	2,010

Obviously, many of these figures represent crude estimates, we have been saying that at full development we can anticipate at least 1,000 students of all kinds in full-time residence, and another 1,000 students enrolled for short-term or part-time postgraduate education.

STATEMENT OF NEED OF THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE FOR NEW FACILITIES, JANUARY 17, 1958

1. The present medical school (basic science) building was constructed in 1892. An annex was added in 1935. In 1950 a small, very old building immediately adjacent was remodeled and joined to the annex; this houses research activities exclusively. Even in 1937, a survey team reported that our facilities were inadequate. In December 1954, a second survey team reported that: "The present medical school building does not provide proper and adequate space for current and planned activities. In all instances, most efficient use of the space available is seriously handicapped by the many difficulties which are an inherent part of such antiquated building." It recommended: "There should be vigorous pursuit of plans for total replacement of the current facilities."

2. The present necessity of sharing of laboratories and lecture rooms by different departments (and with the dental school) imposes great difficulties in scheduling and has resulted in making it next to impossible to institute curricular changes which are desired by the faculty to keep pace with modern trends in medical education.

3. The research programs of the school have grown so rapidly in recent years that every available square foot of space is being utilized. It has become necessary to move for storage articles of equipment, reserve books, etc., to a building nearby which the university has leased, in order to free space for research purposes. Even that has not freed nearly enough even to approach the demands for it. The building is almost literally "bulging at the seams."

One result has been that one department has been unable to offer a fellowship to an individual who is available and for which there are funds on hand, for the simple reason that we can find no place for him to work. Another more serious effect is that it has made it so far impossible for us to obtain the services of a qualified chairman of the department of anatomy. Several candidates who have been interviewed have not been interested—invariably on the single basis that they could see no possibility that we could provide adequate space for the needs of the department.

An application is being prepared for a research building for the basic sciences. However, we have no assurance that this will be approved, and even if it is it will still not permit the development of adequate laboratories, classrooms, or library facilities in the present building because of its antiquated structure.

4. The University of Kentucky is about to construct a completely new medical school "from scratch." It is estimated that the cost, with that of a university hospital, will be approximately $25 million. It is expected to be open for the first freshman class in 1960. It is not difficult to imagine the psychological effect on a young applicant when he compares its beautiful new building with the ancient structure occupied by its sister school. Other factors are likely to be of secondary importance to an impressionable youth in choosing his medical school. This is a cause of very considerable worry to us.

5. Because our teaching hospitals are located 2 blocks away from the medical school building we would locate a new building adjacent to them, to conserve time and increase efficiency. Although it is possible that the present building could then be remodeled so that 1 or perhaps 2 departments could then remain here, the isolation resulting therefrom would be extremely undesirable in view of our constant efforts to promote more interdepartmental cooperation in our instructional program. There are many other uses to which the building could be put with relatively simple changes, e. g., student housing.

6. It is our intention to plan a new structure to accommodate up to 124 students per freshman class, if necessary.

J. MURRAY KINSMAN, M. D.,
Dean, University of Louisville, School of Medicine.

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE,
Baltimore, Md., April 11, 1958.

Dr. WARD DARLEY,
President, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: In response to your recent memorandum, I am submitting a statement relative to our need for funds for modernization and expansion of existing medical teaching facilities. You may use the whole or parts of this statement in any way you see fit.

The Johns Hopkins School of Medicine was established some 60 years ago. Some of its present buildings were built before the beginning of this century, and most of them are more than 40 years old. During the past few years, our endowment income has decreased in relationship to current operating expenses of the school of medicine so that year after year we are faced with an operating deficit.

While one new building has been built in the past few years and construction is just beginning on another, in general, our physical facilities for medical teaching badly need either replacing or modernization. It appears that the only likely source of funds for this purpose, or, at least, a substantial portion of them, is the Federal Government. I trust that the Association of American Medical Colleges will take all feasible steps to bring this situation, which is similar to that existing in many medical schools, to the attention of the appropriate congressional and executive committees.

Specifically, we estimate that our immediate needs for modernization are $2,520,000, and that our needs for new construction for teaching purposes are $2 million. These represent only our immediate and urgent needs; longer range plans call for larger sums.

At the present time, we have no plans for enlarging our student body.

Sincerely yours,

THOMAS B. TURNER, M. D.,
Dean of the Medical Faculty.

TUFTS UNIVERSITY SCHOOL OF MEDICINE,
Boston, Mass., January 28, 1958.

Dr. WARD DARLEY,
Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: Tufts University School of Medicine and School of Dental Medicine are very much interested in Federal construction funds. The pressing needs of the school of dental medicine have been presented to the American Association of Dental Schools.

The needs of the medical school are urgent. We cannot have a department of microbiology until we have space to house its members, both in offices and laboratories. The student laboratory is inadequate. For the same reasons, we cannot have a division of biophysics. The medical library is inadequate; many days, there is not a seat to be had. The available stack space will be completely exhausted in 2 years. There is no lecture hall that will accommodate more than one class. The number of graduate students that can be accepted is limited in all departments, and zero in some, because of inadequate laboratory space. Were these deficiencies to be met, the size of the medical-school classes could be increased by 5 to 10 percent.

It is hard to estimate the cost of this program until it is determined whether a new dental clinic is to be built. If such is built, and if it also includes the laboratory for preclinical technique, this would free 2 floors in the medical-dental building, as well as some 1,500 square feet of research laboratory space. or a total of 21,500 square feet. With remodeling, this could take care of medical-school needs, except for library and auditorium, for the next 10 years. The estimated cost might be $500,000. A like amount would be required for expansion of the library and an auditorium. If no dental clinic is built, and if the needs of the medical school must be met by new construction, the cost would be $2 million or more.

These, of course, are my own very rough estimates, but, I hope, may be of some use to you in presenting the needs of the medical schools of this country.

Sincerely yours,

J. M. HAYMAN, Jr., M. D., *Dean.*

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL,
Ann Arbor, March 21, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Chicago, Ill.

DEAR DR. DARLEY: We have just completed plans for the second unit of our medical-science building, and expected the legislature to make a commitment to us this year. We have done likewise for a pediatrics hospital and for a chronic-illness hospital. However, our legislature has become most economic-minded, and, obviously, is not going to give favorable consideration to our requests at this time. It is doubtful, also, that we shall be favored in respect to these capital outlays for the next several years, judging the present attitude of the legislature and the financial situation of the State.

If we could obtain matching funds, however, this would be a tremendous inducement to our legislature. May I, therefore, list the following:

1. 2d unit, medical-science building, cost	$9,000,000
2. Pediatrics hospital, cost	9,000,000
3. Chronic-illness hospital, including facilities for rehabilitation, cost	8,000,000
Total	26,000,000

I hope that you may use these requests in your approach to Congress.

Sincerely yours,

A. C. FURSTENBERG, *Dean.*

UNIVERSITY OF MINNESOTA,
THE MEDICAL SCHOOL,
Minneapolis, March 22, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: This letter is in response to your recent memorandum requesting information about the needs of the various medical schools for instructional facilities. At the University of Minnesota Medical School, our needs relate principally to a biological-medical library and to instructional facilities for the basic-science departments. Our needs in the clinical departments are less acute, since these facilities are newer.

The following is a list of needs which we foresee in the next 3 to 5 years:

A. Biological medical library: This is a longfelt need on our campus, for at the present time our biological-medical library is part of our main library, located a considerable distance away from the medical-school area. A biological-medical library which would fully meet our needs would cost $1.5 million. We have at the present time $832,000 from legislative appropriation for this purpose, and we are making current plans for a building to cost this amount, realizing that it will not be completely adequate. This leaves a balance of $668,000 necessary to build a library which we would consider entirely adequate.

B. Basic-science teaching facilities: Teaching facilities in our basic-science departments are more than 40 years old and are badly in need of remodeling. In addition, expansion of these facilities is required in order to accommodate the larger classes which we will be accepting (vide infra). Estimated cost of rehabilitation and expansion of these facilities is $1,248,000 (including $120,000 for the school of dentistry). The university administration has agreed to request $860,000 of this amount from the 1959 legislature, which would leave a balance of $388,000 necessary for the completion of basic-science teaching facilities. The extent to which the legislature will meet this request is, of course, problematic.

C. Rehabilitation and expansion of lecture rooms: Two lecture rooms currently used for classes in the junior and senior years are in need of rehabilitation and expansion to accommodate the larger classes. Total cost is estimated at $150,000. The source of these funds is not in sight.

D. Office space for clinical departments: Currently, several clinical departments are operating under very crowded conditions with regard to their office space. This situation will become worse when the clinical departments have to increase their staffs to accommodate the larger classes that they will be

responsible for, beginning 2 years hence. Estimated needs here are $100,000, and, again, no source is apparent at present.

The foregoing needs total $1,306,000, and are based on the assumption that the Legislature of the State of Minnesota will appropriate $860,000 in 1959. Should such an appropriation fail to materialize, our needs will, of course, be even greater.

In the past, our basic freshman enrollment has been 125 students. This is being increased to 140 students in the freshman class entering in the fall of 1958, and, further, to 150 students in the freshman class entering in the fall of 1959. Thus, we have already committed ourselves to larger classes, and we are assuming that we will be able to complete the expansion of our physical facilities to accommodate them. Although I cannot assign a precise proportion, I estimate that, roughly, half of the above-mentioned funds needed would be used for rehabilitation and the other half for expansion.

The foregoing estimates are based on the further assumption that during the next 3 to 5 years there will be no fundamental changes in concepts or philosophy of education at this institution. In other words, these estimates do not include the needs which might arise should curricular changes or other experimental educational programs be introduced.

Finally, one additional need should be mentioned. At the present time, we have no satisfactory facilities for student-lounge purposes. We have an area which probably could be converted to such use for approximately $50,000.

I hope that this information is what you need for your purposes. Please let me know if you would like any further details. I do hope that you and your colleagues will be successful in your representations.

With best personal regards.

Sincerely yours,

ROBERT B. HOWARD, M. D.,
Associate Dean.

DARTMOUTH MEDICAL SCHOOL,
Hanover, N. H., January 21, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: With regard to your memorandum No. 9, which concerns Federal constructive funds for medical and dental schools, I may answer the following for the needs of Dartmouth Medical School:

(1) Our immediate and urgent need is for a modern facility to house adequately the research and teaching activities of the medical school. To this end plans are completed for a new medical-science building estimated at a little over $3 million. A great request totaling $1 million has been filed under the Federal health-research-facilities program. We are in process of raising the $1 million needed to match the Federal grant and the other $1 million to finance the cost of the instructional portion of the building.

When completed, this new building will allow the medical school to double its enrollment, i. e. we will go to 50 students per class.

(2) A much needed addition which we anticipate as the second stage in physical-facilities development, will be an adjoining library and auditorium to the medical science building.

Estimates on this structure are in the neighborhood of $1 million.

In summary, our school's stake in any Federal construction funds which might become available would amount to needs of approximately $2 million—this includes the cost of teaching facilities in the new medical science building and the auditorium and library to be constructed adjoining. Our enrollment with these new buildings could be doubled.

It was a pleasure to see you in Washington the other day. I am sorry there was not a free moment to talk at greater length.

Regards,

S. M. TENNEY, M. D.

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS

New York, N. Y., December 30, 1957

COMMENTS ON POSSIBLE FEDERAL FINANCIAL AID TO THE COLLEGE OF PHYSICIANS AND SURGEONS

The College of Physicians and Surgeons of Columbia University and its antecedent College of Medicine of King's College, organized in 1767, has been identified with the growth and development of medical teaching, research, and public service throughout the life of this country. Its approximately 5,000 graduates are scattered all over the Nation and are represented in every form of medical practice, research, teaching, hospital service and industry.

In 1928 the Columbia-Presbyterian Medical Center was opened. It represents the close integration of hospital, clinic, medical school, dental school, nursing and public-health activities through the university program. The affiliation with a number of community hospitals provides active participation in the training of interns, residents and physicians in practice.

The facilities of the Columbia-Presbyterian Medical Center are greatly overtaxed because of the demands being made upon it for community services, teaching and particularly research. The faculty of medicine with the approval of the trustees of the university has drafted plans for an addition of a laboratory-library-auditorium building which would permit the institution to augment its on-going scientific, education, and research programs and to provide greater opportunities for the training of younger scientists in all of the branches of the basic medical sciences, clinical medicine, and public health. It will also permit further expansion of the educational program for hospital residents, dentists, public-health workers, rehabilitation personnel and others related to the health professions.

It is estimated that the total cost of the new building will be $8,500,000. If assistance from the Federal Government can be obtained in financing at least a part of this program it is probable that outside resources can be found to make possible this important group of facilities. Support for the programs in these different units can be secured through research grants from foundations, industry and national institutes together with assistance from the alumni, the National Fund for Medical Education, the AMEF, private philanthropists and friends of the cooperating hospitals and the university.

WILLARD C. R. RAPPLEYE, M. D., *Dean.*

ALBANY, N. Y., *January 10, 1958.*

As dean of the Albany Medical College of Union Univeristy, I, Dr. Harold C. Wiggers, am privileged to present pertinent data about this medical school which relates to its critical and urgent need to expand its current physical facilities. The statements and requests to follow represent the opinions of the chancellor of the university and the board of trustees of Albany Medical College.

These important facts relate to the need for immediate and favorable action on H. R. ——.

The medical school has been in continuous operation since 1839. Since its founding, it has never received strong financial backing and today has a far below average invested income fund of aprpoximately $3,200,000 with annual earnings of approximately $120,000. In spite of this infinitesimal income in "hard money," the annual operating expenses in the last 10 years have increased fourfold from $350,000 to $1,500,000. In this decade student enrollment from about 18 States has increased from 185 to 240. Toward the cost of their medical education, the medical students provide $230,00, or approximately 16 percent. Through unbelievable financial wizardry, income has managed to balance outgo for the last 5 years, even with the tremendous growth of the college. Despite severe financial and physical handicaps, the medical school has become the sine qua non of the outstanding Albany Medical Center, which provides the ultimate in diagnosis, professional service, rehabilitation and care for about 1,500,000 residents of our medical orbit, scattered throughout 16 surrounding counties.

At present the medical college occupies a building constructd in 1928 and designed for about 140 students and equivalent numbers of faculty and ancillary personnel, with no true provision for research facilities. In 1936, a two-story county almshouse, built in the midnineteenth century, was obtained, remodeled, and used to accommodate the expansion of that decade. Then came the greatest

decade of expansion in the college's history (1947–57) when it was necessary for us to provide space in these meager and outmoded facilities for a fourfold increase in salaried faculty, a threefold increase in ancillary employees and a 20 percent enlargement of the student body which was already crowding existing facilities. As a result, we have completely outgrown our outdated, inadequate buildings. Scheduling of classes is sometimes almost impossible, experimen's with new teaching programs are completely obviated and an increasing number of research programs are shelved because there just isn't an unused corner. The faculty, students, and ancillary personnel must be commended for enduring such cramped, impossible quarters.

As a consequence, the medical college engaged an architect to design a new building to accommodate the current needs as well as those necessary if the teaching staffs are to be strengthened to modern requirements. This resulted in plans for an eight story addition with about 100,00 square feet of space costing about $3,500,000 and will include a modern medical library and an adequate auditorium. In June, the college launched a campaign to raise the necessary funds.

We are not so naive as to believe that we can raise from private sources in this region of New York State, where large industry is scarce, any sum such as this. In fact, with the competition from many other large religious, educational, and civic drives as well as concurrent drives for $10 million by several hospitals in the area, the most optimistic estimate says we will be most unusual if we raise $1 million. We also hope to raise the unheard of sum of $750,000 from our 1,500 alumni scattered among the four corners of the country and abroad. This will be difficult because most of the solicitation will be indirect rather than personal. Foundations are not interested in our appeals for construction funds. This means that the ultimate success or failure in obtaining a building by 1960, which is urgently needed right now, hinges upon our ability to obtain matching funds for construction from the Federal Government. That is why, gentlemen, all those connected with the Albany Medical College urge your immediate attention to H. R. —— as well as definite and favorable action now.

The time is now; it will be disastrous to this school and many others as well as to the overall health standards of the country in the near future if the significance of immediate favorable action is not clearly recognized by you who shoulder this and many other responsibilities.

Thank you for your consideration of this information and the consequent appeal for financial aid.

Sincerely,

HAROLD C. WIGGERS, Ph. D., *Dean.*

WAKE FOREST COLLEGE,
THE BOWMAN GRAY SCHOOL OF MEDICINE,
Winston-Salem, N. C., February 4, 1958.

Dr. WARD BARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR WARD: Reference is made to your association memorandum No. 9, concerning Federal funds for medical and dental school construction needs, including modernization and expansion.

In spite of the fact that we now have under construction a new wing, this addition is designed to meet the most pressing needs for activities in research, and provides for only the most limited expansion. In the present construction program, which will be completed in July of this year, about 60 percent of the new floor space, or converted space in the present building, will be for the purpose of research. It will provide for increased library facilities and for adequate animal quarters, both of which of course will contribute greatly not only to the research program, but to the educational program as well.

So, we feel that the present construction will meet our needs for present research and educational activities, but we recognize that only through expansion can we meet the increasing responsibilities of this school. A long-range development program is being formulated, the first phase of which has been adopted by the faculty, and planning is now in the hands of a faculty committee.

It is anticipated that with the next expansion of facilities, provision will be made for the development of a strong graduate education program, with the added provision of at least a 10-percent increase in enrollment in the school of medicine.

Expansion:	
1. West wing:	
(*a*) 2 floors for natural sciences division (*b*) 4 floors for student laboratories, lecture, and seminar rooms, student facilities, faculty expansion	$1,500,000
2. Housing for students—1st unit, 50 apartments	250,000
3. Additional clinical facilities which would be necesary for increased student body, and for graduate degrees students (*a*) north wing: pediatrics, psychiatry, general, clinical laboratories	2,000,000
Total	3,750,000
Modernization:	
1. Modernizations and modernization of medical school building constructed in 1941	250,000
2. Modernization and renovation of amphitheater	100,000
3. For increased outpatient teaching:	
(*a*) Modernization of outpatient department facilities, including installation of elevator, and probably some expansion	200,000
Total	550,000
Total for expansion and modernization	4,300,000

If you need more specific information or clarification of these items, please let us know.

Sincerely yours,

C. C. CARPENTER, M. D., *Dean.*

DUKE UNIVERSITY,
SCHOOL OF MEDICINE, DEPARTMENT OF SURGERY,
Durham, N. C., January 31, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR WARD: In answer to your memorandum No. 9, if a Federal medical-school construction and support bill is passed, Duke University will apply for funds for the expansion, renovation, and support of our school of medicine.

The most critical needs are classrooms, laboratories, and staff offices, especially the preclinical teaching laboratories. None of the latter has been increased since this school was opened in 1930. The enrollment then was 50 per class; now, it is 76.

Five million dollars are needed for new construction and an additional 1 million for modernization.

With additional preclinical facilities and maintenance support funds, we could increase the enrollment to 100 per class provided the needed funds for additional staff salaries, offices, classrooms, laboratories can be obtained from within and without the university's resources. Clinical facilities, both outpatient and inpatient, except for additional staff offices, are now available for over 100 students. The lack of preclinical teaching laboratories, together with financial support, now prohibit such expansion.

With best wishes, I am,

Yours very truly,

W. C. DAVISON.

THE UNIVERSITY OF NORTH CAROLINA,
THE SCHOOL OF MEDICINE,
Chapel Hill, N. C., April 14, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR WARD: This is in reply to your telegram of April 11 in regard to the interest in and need for funds for enlargement of educational facilities in the immediate future.

I regret very much that this information has not gone to you much earlier. Unfortunately, for the past 2 months I have been completely swamped with the preparation of the operating budgets of the medical school and hospital for the next biennial period for presentation to the State legislature, and, as you well know, this can often be a completely full-time job, at least for a period of time.

In February of 1958, the University of North Carolina submitted a request to the National Institutes of Health, Health Research Facilities Section, for matching funds in the amount of $461,000 to enlarge the very urgently needed research facilities for the school of medicine. This is quite aside from the urgent needs to enlarge the educational facilities which are outlined below.

During the past 6 months, the medical faculty has spent a great deal of time in reviewing our educational program and in planning for the next 5 years. It is very clear that, in order to maintain our present level of quality in medical education and to increase enrollment for students of medicine, dentistry, nursing, and pharmacy, and to increase our enrollment for graduate students in the basic sciences, the University of North Carolina will need a new school-of-medicine building, estimated to cost approximately $6 million. This, we believe, is the very minimum which would enable us to do the educational job required in the immediate future.

The present medical-school building was constructed in 1937 to house the 2-year school of medicine existing at that time and the school of public health. Upon the expansion of the medical school into 4 years in 1949, a moderate amount of additional space was provided for the expansion of the basic-science departments.

In the meantime, however, schools of dentistry and nursing were established, the pharmacy school has been expanded in enrollment, and because the medical school is responsible for teaching the basic-science courses to these students, which in the case of dentistry amount to approximately 40 percent of the curriculum of the first 2 years of that allied professional school, our facilities are completely inadequate for the present teaching responsibilities. Consequently, we are prohibited, because of the lack of space for lecture rooms, teaching laboratories, staff offices, conference rooms, and library facilities, from increasing further the enrollment in medicine and the allied health professions.

After a very thoughtful appraisal of the present shortages, in the light of present and future responsibilities, it would appear that the only satisfactory solution lies in constructing a new medical-school building and converting the present medical-school facilities into badly needed space for the school of public health and for the expansion of the clinical facilities for the school of dentistry. It would appear, on the basis of present costs, that this new building will require a total outlay of approximately $6 million, as stated above. However, we firmly believe that this will be the most effective and, at the same time, the most economical way to provide more adequate facilities for the instruction of medical students and those in the allied health professions.

Because the State of North Carolina still ranks among the lower fourth in per capita income, and because its needs, in education and health particularly, are very tremendous, it seems clear that the university cannot expect in the foreseeable future to receive the amount of $6 million from State appropriations for this project. It is conceivable that it might provide half of the necessary funds for this project. Accordingly, Federal aid for the construction of educational facilities in medicine and related professional fields is critically important to the future of this school.

It is difficult to state precisely the level to which increased enrollment in the medical school would be affected by the enlarged facilities, for the simple reason that the anticipated increased enrollment in all the allied professional schools would have to be taken into consideration. However, I believe it would be safe

to say that if the expansion outlined above could be provided, the school of medicine alone could increase the size of its entering class by 20 to 25 students, or from 30 to 35 percent.

Cordially yours,

W. B. BERRYHILL, M. D., *Dean.*

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA,
OFFICE OF THE DEAN,
Philadelphia, Pa., March 31, 1958.

NEED FOR TEACHING FACILITIES

The Woman's Medical College of Pennsylvania was founded in 1850 to give women the opportunity to study medicine. Since that year, the college has graduated more than 2,400 physicians who have practiced medicine in the United States and many other countries. They have gone into general practice and a wide variety of specialties. Since the first woman medical missionary in the world, Dr. Clara Swain, received her degree in 1869, many other graduates have followed in her footsteps. Foreign women have studied at this college, and have gone back to their own countries trained to raise the level of medical care.

It has been estimated that an increase of 50 percent in the number of doctors will be needed in the next 25 to 50 years. We must do our part in training more physicians.

The college, with its hospital, occupies a building constructed in 1930 and planned for classes of 50. We need larger laboratories and classrooms to enable us to admit an increased number of students. The increase in our student body will be of importance in many ways. In addition to increasing the number of graduates, the increased income—from tuition and State appropriation—will enable us to meet the increased costs of operating the enlarged plant and, importantly, to improve the quality of our teaching program.

We, therefore, have adopted the following plan for development:

Modernization and enlargement of existing classrooms.
Modernization and enlargement of existing laboratories.
A new department of physiological chemistry.
Departmental offices for the clinical subjects.
Improved locker rooms and restrooms for students.
A new library.

These are basic needs. In addition, we would like to add a adequate auditorium, for lectures, community meetings, meetings of the entire student group, of our women's auxiliary, which could improve community service and college communications. In any educational institution, an adequate auditorium is of great benefit to the whole teaching program.

Our architects have drawn plans for this expansion of our teaching facilities and estimate the costs to be approximately $2,500,000. At present we are building a wing for research facilities with the aid of a grant of $500,000 from the United States Public Health Service. Matching money has been secured for this project. If a grant for half of the cost of teaching facilities could be secured it would be a most important stimulus to fund raising in this small institution. An increase of applicants and an increased need for physicians have been predicated on the basis of increased population needs. The existing medical schools must enlarge their facilities to take care of these population needs.

MARION FAY, Ph. D., *Dean.*

THE UNIVERSITY OF PUERTO RICO MEDICAL SCHOOL AND MEDICAL CENTER

Puerto Rico may well lay claim among the States of the Union to be medically unique in two aspects. It is rapidly becoming the technical bridge between the United States and Latin America for communicating technical know-how. Second, no other State with so small a population (2¼ million) and so low an annual per capita income ($450) has achieved more in professional medical education in establishing accredited schools of medicine, public health, and pharmacy and has initiated a school of dentistry. Puerto Rico resembles the biblical parable of the servant given one talent. So far physical facilities of the school have been provided without outside financial assistance. However, this

progress has now reached the critical point that unless some modicum of outside assistance can be obtained for the medical school, Puerto Rico will be unable to develop fully either its state or international medical potentials.

It has been traditional until 1950 for students to go to the mainland of the United States for their medical studies. The establishment in that year of a school of medicine was possible of undertaking because a school of tropical medicine had been functioning for some 25 years. This provided a building and the nucleus of the staff, budget, library, and other essentials for the basic sciences departments. Clinical facilities were provided through the San Juan City Hospital, which is a series of old buildings located over 3 miles from the medical school building.

Since 1950, four classes totaling 175 graduates have received the medical degree; the curricula in public health have been expanded to the point where nearly a hundred public health students (mostly graduate) are enrolled annually; the research program has been extended enormously (55 research grants currently make available $750,000 of outside support and teaching grants provide an additional $200,000 annually), a dental school was opened in August of 1957 with plans for 40 students in the first year class; a variety of postgraduate programs have been initiated in such fields as psychiatry, aphthalmology, parasitology and tropical medicine, arthritis and metabolic diseases, as well as public health. A gradually increasing emphasis in research in nuclear aspects of medicine has been initiated. These modest achievements have been accomplished without any increases in space and literally the school of medicine, school of public health and school of dentistry are bursting at the seams. This handicap plus the physical separation of the basic science and clinical faculties provide very real difficulties to the normal development of educational and research programs.

Recently long range plans have evolved for the new Puerto Rico Medical Center, of which the school of medicine is to be the hub. Also, this center will be the base for the new regional organization for more efficient distribution of services and of training throughout Puerto Rico. It is to be recalled that "regionalization" was the second objective of the Hill-Burton Act.

Puerto Rico is the first state to institute comprehensive regionalization. The center is situated 2 miles from the university and in close proximity to an 1,800-bed psychiatric hospital, one a tract of 105 acres of land currently occupied by two new units of tuberculosis hospitals and many older units. The program involves conversion of the new adult tuberculosis hospital into a 500-bed general hospital to serve as both the base insular and a regional hospital for the department of health, and to become the principal teaching hospital of the school of medicine. This hospital will be connected by a central service building to the new 600-bed San Juan City Hospital, which is a planned replacement for the current principal teaching hospital. The central service building will also connect with a new 300-bed industrial hospital (State insurance fund) and a 100-bed cancer hospital (Liga Contra el Cancer) and also to the medical science building (school of medicine, public health, and dentistry). Without any allowance for housing of students, interns, residents, and so forth, approximately $27 million will have to be spent to achieve the above-mentioned objectives. The entire allotment of Hill-Burton funds that might be anticipated would not cover the planned hospital installations. Therefore more than half of this total amount will have to be raised from non-Federal sources. This places the school of medicine in a highly competitive position for funds from the Commonwealth, for its construction needs. On the other hand, if Federal legislation were passed providing matching funds for schools of medicine, dentistry and/or public health, the chances for advancement of planning would be greatly enhanced. Preliminary estimates indicate that $7 million will be needed for the medical sciences building (medicine, dentistry, and public health) while no request as yet has been made to the Commonwealth legislature it is logical to assume that they would be favorable to such a plan since the current building, although completely inadequate for the total needs, would provide a substantial office building immediately adjacent to the State capitol building and its new annexes which house legislative facilities.

The foregoing indicates the critical space situation of the school. Federal legislation if passed to provide matching funds would permit the immediate expansion of needed educational and research facilities. Entering classes could be accepted of over 65 medical students, not less than 40 dental students, 30 candidates for the master of public health, 20 candidates for the master of

health education, 15 candidates for the master of sanitary science, 25 public health nurses, 15 in nursing education and 12 in psychiatric nursing, 40 in medical technology, and an entering class of 25 in physical and occupational therapy, together with an eventual potential of 75 entering a degree program in nursing. The current plans for graduate students in the basic medical sciences (including nuclear medicine) would gradually expand to accommodate from 30 to 40. The intern and resident training program in the medical center would total approximately 100 and 200, respectively. Thus the entire medical center would be providing training for about 250 medical students, 150 dental students, 250 public health and paramedical students, plus 300 nurses, 100 interns, and 200 residents, plus 35 graduate students or a total of 1,285. The undergraduate medical and dental programs are planned to resolve the problems of training personnel needed within Puerto Rico.

In summary, the present limited space in the basic science building permits no further expansion. The construction of the new medical science building is essential to the fulfillment of the modern medical center concept, and will bring together for the first time the complete medical faculty. The latter, would not only meet the professional personnel needs of Puerto Rico; but as important would become a demonstration whereby such a center would serve as the base for a statewide regional system of distribution of services and of training facilities. The significance of the latter would be as much international as national.

STATE UNIVERSITY OF SOUTH DAKOTA,
SCHOOL OF MEDICINE,
Vermillion, January 23, 1958.

To: Dr. Ward Darley, executive director, Association of American Medical Colleges.

From: Dr. W. L. Hard, dean, School of Medicine, State University of South Dakota.

For: Presentation to congressional committees concerned with Federal construction funds for medical education and research.

Subject: Federal construction funds for medical and dental schools.

The present building occupied by the several basic-science departments of this school was originally planned in 1949, following legislative appropriation. For reasons which need not be detailed, a considerable delay ensued before contracts for construction could be let. This spanned the period of the outbreak of the Korean war, with it came considerable rise in building costs. Necessarily, then, the initial plans had to be curtailed somewhat, so that the present building is somewhat less what had originally been contemplated to accommodate a medical class of from 40 to 44 students. Since 1949, the staff has more than tripled in size, and research activities, virtually nonexistent in the school prior to 1949, now make up almost one-third of the total budget operation of the school. During this same period, a considerable expansion in graduate-student programs has occurred, which has paralleled the research interest and activity displayed by the faculty. The aforementioned factors have served to considerably restrict the activities of the staff, both as it applies to medical-student research activities, the graduate research program, and the individual investigative efforts of the staff itself. Also, each year finds additional demands for services from a variety of interested agencies and professions in the State, many of which have yet to be implemented through space limitations alone. In summary, then, additional building space would permit not only the full utilization of the professional talents of the staff in reference research activities, but it would also enable an extension of medical services to the public, with ultimate benefit to their health and welfare.

A recent survey of the three most space-limited departments in the school suggests that an addition embracing some 13,000 square feet of floorspace could be immediately occupied with the advantages suggested in the aforementioned paragraph. Such an addition could be supplied at an estimated cost of between $150,000 and $175,000.

It is unrealistic for us to believe our State is in a position to make this entire contribution, even though I am sure officials would accept the fact that it may be their first responsibility. Facing the matter realistically, the medical school is only one division of a university, and each of the several schools do, in a large degree, have similar problems at this time of expanded enrollments. It is

incumbent on us, then, to recognize that, looking at the larger picture of university educational activities in general, all must have equal opportunities if growth and progress are to be achieved in an orderly manner. Insofar as this applies to the State of South Dakota, the medical school has been fortunate in being the first of several schools represented on this campus to have its own teaching facilities granted by the State in recent years. It is reasonable, then, that the limited State moneys available for construction should be directed now to other critical areas. It is a case, then, of insufficient funds available at a local level to accommodate the needs of all.

It should also be recognized that a basic-science school is subserving an extremely prominent place in the training of doctors, not alone for a State, but for its Nation. Viewed in this light, it would seem logical that the Federal Government give particular attention to those areas of need which so directly affect the welfare of its citizenry as does medical education.

Sincerely yours,

WALTER L. HARD, PH. D., *Dean.*

MEHARRY MEDICAL COLLEGE,
SCHOOL OF MEDICINE,
Nashville, Tenn., January 21, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: In recent weeks, I have made a detailed restudy of the space needs in the School of Medicine of Meharry Medical College.

The plant which we now occupy and which houses the schools of medicine, dentistry, nursing, medical technology and the divisions of dental technology and dental hygiene, was occupied first in 1931. At that time, there were 16 full-time teachers on the faculty of the school of medicine. Last year, 1957, the full-time faculty in the school of medicine numbered 40. These full-time teachers were assisted by 43 technicians and secretaries and by 21 residents.

The average size of the entering classes in the school of medicine was 58 during the 1930's. The graduating classes averaged 40. During the 1950's, the classes average 65 upon entrance and 62 at graduation.

In a rough way, this indicates the need for increased space. More bodies are occupying the space which has remained substantially unchanged in size for over 25 years.

A survey, made on a departmental basis, shows a need for 38,907 additional square feet of space. This addition would allow us to increase the size of our entering classes in the school of medicine to 80.

Some alternative solutions to our space problems have been considered:

I. BASIC SCIENCE AREAS

(*a*) Increase in the size of teaching laboratories in the traditional way with corresponding increase in teachers' offices, etc.

(*b*) Two multipurpose basic science laboratories.

(*c*) Traditional laboratories for the freshmen, a multipurpose laboratory for the sophomores.

II. CLINICAL AREAS

(*a*) Conversion of some of the space vacated by the basic science laboratories.

(*b*) New construction for clinical instruction.

In addition to the fundamental needs in the preclinical and clinical areas, it is recognized that our needs as an institution include space for the following:

(1) An auditorium.
(2) An audiovisual department.
(3) Offices for administrative officials.

It is my opinion that the greatest good would come from a plan which included:

1. Two multipurpose laboratories, each of which would accommodate 80 students.
2. Expansion of all clinical departments.
3. An auditorium, modernly equipped.
4. Centrally grouped offices for administrative officials.

The estimated cost is $1,124,600.

These needs are real and the estimates were arrived at from a detailed study made within the last 90 days. However, the problem at Meharry will not be solved by any bill which requires matching funds, especially on a 50–50 basis. We have no resources which could supply $600,000 on comparatively short notice. We sincerely believe we could perform a more useful function in the field of medical education if we had the facilities.

If you think that copies of the data from which these conclusions were drawn would be useful, I should be glad to send them to whomever you designate.

Yours very sincerely,

D. T. ROLFE, M. D., *Dean.*

JANUARY 22, 1958.

GENTLEMEN: I am Dr. John B. Youmans, dean and director of medical affairs, Vanderbilt University School of Medicine, Nashville, Tenn. I have been engaged in medical teaching and research for over 35 years and in medical administration for the last 12. I am the immediate past president of the Association of American Medical Colleges, and am familiar with the present situation of medical education and the medical schools of the country. However, I wish to confine my discussion today to that of my own institution, the School of Medicine of Vanderbilt University.

Vanderbilt Medical School was founded in 1876, and is the only private medical school between the Great Lakes on the north, New Orleans on the south, St. Louis on the west, and the seaboard on the east. It accepts students from everywhere, and its graduates are engaged in the practice of medicine throughout the United States. It has produced and is producing a relatively large number of medical-research workers and teachers. It is entirely dependent for its operation and maintenance on its endowment, tuition, and gifts from alumni and others. It does not receive a cent of tax money for its educational program, except a small amount in the form of Federal restricted teaching grants, common to nearly all medical schools. The research grants from Federal agencies provide less than the cost of research performed under these grants.

At the time of its reorganization and the construction of the present plant some 30 years ago, the operating income of the school, all from private sources, was reasonably adequate. In the succeeding years, the school spent freely from its funds in providing a high standard of medical education. However, beginning some 20 years ago, with rising costs, diminished income and purchasing power, and the need to add personnel, equipment, and facilities to make and maintain the advances in medical education and research, the school has encountered increasing difficulty in maintaining its operation. This has been particularly true in the last 5 years, following the great increase in costs after the Korean war and the requirement of teaching in the day of tremendous advances in the field of medicine.

Aside from the problems of salary and other operating costs, in themselves of greatest importance, the physical plant, now nearly 40 years old, has deteriorated and become outmoded and inadequate. To a considerable extent, this has resulted from the need to divert funds to meet operating needs and the consequent inability to provide protective maintenance and replacement reserves. The same has been true, even, of vital equipment.

The critical situation of the school could be discussed at length, but perhaps 3 or 4 examples will serve best to illustrate the situation.

The power-supply cables and electric wiring became so inadequate and obsolete that, a year ago, it became impossible to add a single piece of electrical equipment because of the threat of power failure and even more serious results. It became necessary to draw on endowment funds to remedy this, with, of course, a resulting decrease in income.

The still which supplies distilled water to all departments and laboratories, a vital need for all teaching and research, has failed beyond repair after nearly 40 years of service. No funds are available for its replacement. An inadequate makeshift arrangement to secure supplies from the hospital is necessary.

The coldroom required to house cadavers for dissection has deteriorated so badly that it is not usable and has been condemned. No funds other than from further inroads on endowment capital are available for repair or replacement.

Finally, this inability to repair, modernize, and expand the plant has prevented an increase in the number of students enrolled. The medical school recognizes its obligations to our country to increase their output of doctors,

provided their facilities permit. Plans to increase the number of students by 50 percent depend on modernization and expansion of the present plant. Such plans call for funds in the amount of $5,640,000.

It is because of the situation I describe, and one which I believe exists in many other medical schools. that I urge the passage of H. R. ———.

JOHN B. YOUMANS, M. D., *Dean.*

FINAL DRAFT OF PRESENTATION TO THE CONGRESSIONAL COMMITTEE

NOVEMBER 20, 1957.

GENTLEMEN: I am Dr. George A. Wolf, Jr., dean of the University of Vermont College of Medicine and have been for the past 5½ years.

May I call your attention to certain important facts about the University of Vermont College of Medicine which relate to favorable action on H. R. ———.

The medical school has been in almost continuous existence since 1804 and is the only fully accredited 4-year medical college in New England north of Boston.

Over half of our living graduates are engaged in pursuing the practice of medicine or medical endeavor, outside of the State of Vermont and from coast to coast and overseas. One of our graduates is a brigadier general in the Air Force Medical Corps and another holds a similar rank in the Army Medical Corps. Only one-third of our approximately 200 students in the college are Vermont residents.

Nevertheless each person in the State of Vermont (there are only 370,000) has seen fit through the legislature to contribute $1.40 toward the operation of the college of medicine annually. This contribution represents about 55 percent of our budget, the remainder being raised from tuition, gifts, endowment grants and the modest beginning participation of other New England States by way of the New England Board of Higher Education (exhibit I).

Two years ago we attempted to assess the medical needs of the upper New England area and among other things found that Maine and New Hamsphire were preparing considerably fewer doctors for the future than was the country at large. That this problem has been recognized is evident from the establishment not only of the New England Board of Higher Education in the general education field but also by the legislative recognition of Maine, New Hampshire and Vermont of the regional medical needs board established at the instigation of the University of Vermont College of Medicine (exhibit 2). Their opinion concerning Federal aid to medical college construction is represented in a copy of the resolution here attached signed by the members of this board.

Looking at our 55-year-old, 40,000-square-foot main building, our 150-year-old wooden annex, our utilization for research of patient space in our two affiliating but private voluntary hospitals, feeling concern at having to assign an assistant professor to a converted coalbin for a research laboratory (this emotion rapidly changed when I found an associate professor doing research in a broom closet), we had little hesitation in obtaining professional help in planning for our new approximately $8 million college of medicine building and seeking the funds for it.

To date from our 1,400 living alumni, including graduates of 1893, interns, residents, and those serving in the Armed Forces we have raised about $600,000 in cash and pledges and have obtained a grant of $619,000 from the Health Research Facilities Construction Division of the United States Public Health Service. On October 28 we broke ground with the blessing of our trustees for the first phase of our new building to be used for clinical and pathological research. Still somewhat short of cash to meet the payments on this only one-eighth of the whole program but full of faith we must look to completion of the entire $8 million structure if we are to expand our student body when the anticipated increased number of young people in northern New England start clamoring at our doors. (We now have 425 applications for each of the 50 places in our first year.)

Assuming we have $7 million left to go, how can we expect Vermont, with a limited total annual State budget, to provide the funds?

We have personally visited 17 major foundations to date and have been turned down because we are seeking bricks and mortar and/or because we are a State-supported school.

We believe it is impossible for us to raise $7 million without State or Federal help because we are a State college. We believe the people of Vermont cannot afford $7 million in addition to the rate of annual operating help they are presently giving us. Unless attitudes radically change, we will be unprepared to meet the well-established projected needs of the large group of young people who will be age 21 in 1966, standing at our doors.

Our achitects tell us that if we had the money in hand now, completion of our entire planned program would occur in 1963. We need a little more time to find the matching money, too, gentlemen. The passage of H. R. ——— will help us to find it.

THE UNIVERSITY OF WISCONSIN,
THE MEDICAL SCHOOL,
Madison, January 28, 1958.

Dr. WARD DARLEY,
Executive Director, Association of American Medical Colleges,
Evanston, Ill.

DEAR MR. DARLEY: I am writing concerning the importance to our school of the proposed bill providing Federal construction funds for medical and dental schools. This would be of great significance to us. We are currently completing plans for a research wing of 64,000 square feet of usable space for which funds are at hand. In the past year we increased our enrollment by 10 and with the fall semester will increase it 10 more—to a total freshman enrollment of 100. We anticipate no further increase in the forseeable future—mainly due to limitations of clinical material.

However, we do have some pressing needs. Foremost among these is our need for a medical library building. Our current facilities are completely inadequate and will be more overburdened due to increased medical school and school of nursing enrollment. In addition, the library serves physical and occupational therapy students, medical technology students, graduate students, and the physicians of the State through a mailing service. We estimate that approximately $350,000 would be required for this building and are confident that we can procure matching money.

Our second urgent need is for renovation of our teaching facilities. The building in which most of our teaching is carried on was completed 30 years ago and has not been remodeled since that time. In order to provide adequate teaching facilities for the enrollment increase already effected and that contemplated in the current year extensive remodeling is required. Utilities are inadequate throughout the building and teaching laboratories are outmoded. It is estimated that the amount of $300,000 is required for this purpose.

Yours sincerely,

JOHN Z. BOWERS, M. D., *Dean.*

Appendix B

(Material Submitted by Public Health Service)

I. HEALTH RESEARCH FACILITIES GRANTS

April 11, 1958

APPROVED HEALTH RESEARCH FACILITIES GRANTS
Since the Inception of the Program, July 30, 1956
(Through Last Council - January 13-15, 1958)

BY STATE

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
ALABAMA	32	Univ. of Alabama	$1,033,500	$1,033,500	$ --	$ --	$ --	$ 1,033,500
	46	Southern Res. Inst.	250,000	250,000	--	--	--	250,000
State Totals.....			$1,283,500	$1,283,500	$ --	$ --	$ --	$ 1,283,500
ARKANSAS	356	Univ. of Arkansas Med. Center	1,150,855	--	--	975,000	91,000	1,066,000
State Totals.....			$1,150,855	$ --	$ --	$ 975,000	$ 91,000	$ 1,066,000
ARIZONA	123	Arizona State Coll.	536,992	250,000	--	--	--	
	123(S)	do	--	--	--	--	30,392	280,392
	223	Univ. of Arizona	(29,639	(29,639	--	--	--	
	223(SR)	do	(54,261	(49,261	5,000	--	--	83,900
State Totals.....			$ 620,892	$ 328,900	$ 5,000	$ --	$ 30,392	$ 364.292

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applican Under PL 83
CALIFORNIA	29	Calif. Inst. of Tech.	$ 554,500	$ 477,000	Equip. Withdrawn	$ --	$ --	$
	333	do	54,250	50,000	$ 4,250	--	--	531,250
	147	Calif. State Dept. of Public Health	700,000	600,000	--	--	--	
	147(S)	do	--	--	--	--	52,500	652,500
	60	Univ. of Calif. Los Angeles Campus	1,990,000	600,000	--	--	--	
	60(S)	do	--	--	--	--	32,126	
	85	do	575,000	--	--	200,000	--	
	86	do	1,625,623	1,230,000	--	--	--	
	86(S)	do	--	--	--	--	107,625	2,169,751
	78	Univ. of Calif. San Francisco Campus	216,000	--	25,988	--	--	
	79	do	380,000	230,000	--	--	--	
	79(S)	do	--	--	--	--	21,875	
	200	do	50,000	29,275	--	--	--	
	200(S)	do	--	--	2,975	--	--	
	258	do	3,452,000	--	--	1,200,000	--	1,510,113
	108	Children's Hosp. Soc. Los Angeles	123,330	92,430	10,906	--	--	103,336

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
CALIFORNIA (Cont.)	309	Children's Hosp. of East Bay	$ 167,587	$ 75,000	$ --	$ --	$ --	$ 75,000
	272	Langley Porter Neuropsych. Inst.	227,820	132,500	17,500	---	--	150,000
	26	Palo Alto Med. Res. Fdn.	282,145	269,495	--	--	--	
	26(S)	do	--	--	12,650	--	--	282,145
	267	St. Joseph's Hosp.	305,550	--	--	50,000	--	50,000
	68	Univ. of Sou. Calif.	854,500	854,500	--	--	--	
	68(S)	do	45,350	--	--	--	45,350	899,850
	15	Stanford Univ. Med. School	2,456,430	2,456,430	--	--	--	
	15(S)	do	137,418	--	137,418	--		
	15(S2)		29,171	--	--	--	29,171	2,623,019
State Totals			$14,226,674	$7,096,630	$211,687	$1,450,000	$288,647	$9,046,964
COLORADO	35	Colo. State Univ.	100,000	96,000	--	--	--	
	35(S)	do	--	--	4,000		--	100,000
	311	Gen. Rose Hosp.	345,144	--	--	50,000	--	50,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
COLORADO (Cont.)	213	Jewish Nat'l. Home for Asthmatic Children - Denver	$ 203,952	$ 100,000	$ --	$ --	$ --	$ 100,000
	33	Natl. Jewish Hosp. Denver	522,500	250,000	--	--	--	250,000
State Totals			$1,171,596	$ 446,000	$ 4,000	$ 50,000	$ --	$ 500,000
CONN.	206(R)	Univ. of Conn.	750,000	--	--	100,000		
	156	do	339,868	150,000	--	--	--	
	158(R)	do	1,000,658	650,000	--	--	--	900,000
	36	Yale Univ.Sch.Med.	500,000	482,150	--	--	--	
	36(S)	do	17,850	--	17,850	--	--	
	237	do	285,415	275,415	10,000	--	--	
	286	do	285,000	142,500	--	--	--	
	286(S)	do	15,000	--	--	--	7,500	935,415
State Totals			$3,193,791	$1,700,065	$ 27,850	$ 100,000	$ 7,500	$ 1,835,415
DELAWARE			-0-					

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
DISTRICT OF COLUMBIA	69	Children's Hosp.D.C.	$ 150,000	$ 144,625	$ --	$ --	$ --	
	69(S)	do	--	--	--	--	5,375	$ 150,000
	22	Georgetown Univ.	75,000	75,000	--	--	--	
	22(S)	do	7,500	--	7,500	--	--	
	305	do	220,261	220,261	--	--	--	302,761
	306	Geo.Washington Univ.	45,000	45,000	--	--	--	45,000
D. C. Totals			$ 497,761	$ 484,886	$ 7,500	$ --	$ 5,375	$ 497,761
FLORIDA	328	Florida State Board of Health	30,367	22,606	6,261	--	--	28,867
	146(R)	Univ. of Florida	642,938	459,639	--	--	--	
	146(RS)	do	--	--	--	--	80,361	
	172	Univ. of Fla.Eng. & Ind.Exper.Sta.	27,670	23,350	--	--	--	
	172(S)	do	--	--	--	--	3,262	566,612
	14	Univ. of Miami	1,250,000	941,720	--	--	--	
	14(S)	do	--	--	--	--	129,028	1,070,748
	248	Mt. Sinai Hosp. of Greater Miami, Inc.	217,500	40,000	--	--	--	40,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
FLORIDA (Cont.)	338	Variety Children's Hospital	$ 116,246	$ 103,852	$ 12,394	$ --	$ --	$ 116,246
State Totals			$2,284,721	$1,591,167	$ 18,655	$ --	$ 212,651	$ 1,822,473
GEORGIA	30	Emory Univ.	370,750	370,750	--	--	--	370,750
	182	Georgia Inst. of Technology	204,500	125,000	--	--	--	125,000
	343	Med. Coll. of Ga. Eugene Talmadge Mem. Hosp.	835,011	--	--	722,350	65,110	787,460
	226	Univ. of Georgia	631,037	631,037	--	--	--	631,037
State Totals			$2,041,298	$1,126,787	$ --	$ 722,350	$ 65,110	$ 1,914,247
HAWAII	34(R)	The Queen's Hosp.	201,353	50,000	--	--	--	50,000
State Totals			$ 201,353	$ 50,000	$ --	$ --	$ --	$ 50,000
IDAHO			-0-					

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
IDAHO			-0-					
ILLINOIS	92	Chicago Med. Sch.	$1,500,000	$ --	$ --	$1,000,000	$121,696	$1,121,696
	17	Univ. of Chicago	452,956	250,000	--	--	--	
	103	do	22,950	22,950	--	--	--	
	103(S)	do	5,303	--	3,192	--	--	
	199	do	16,500	15,025	--	--	--	
	199(S)	do	--	--	1,475	--	--	
	262	do	104,612	81,775	--	--	--	
	262(S)	do	--	--	--	--	12,600	
	265	do	56,100	56,100	--	--	--	
	291	do	44,500	44,500	--	--	--	
	314	do	1,592,575	--	--	750,000	--	
	345	do	25,500	23,050	2,450	--	--	1,263,117
	224	Chi.Wesley Mem.Hosp.	155,852	35,721	13,347	--	--	49,068
	157	Hektoen Inst. for Med. Res.of Cook Co. Hosp.	250,000	--	--	250,000	--	250,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
ILLINOIS (Cont.)	113	Ill.Dept.Pub.Welfare	$ 437,041	$ 317,000	$ --	$ --	$ --	$
	114	do	260,467	139,375	11,419	--	--	
	115	do	292,279	--	36,148	--	--	503,942
	87	Univ. of Illinois	50,000	50,000	--	--	--	
	88	do	26,250	26,250	--	--	--	
	89	do	2,600	2,600	--	--	--	
	90	do	8,500	8,500	--	--	--	
	91	do	8,400	8,400	--	--	--	
	173	do	1,425,000	750,000	--	--	--	
	179	do	89,767	65,682	24,085	--	--	
	245	do	145,918	128,673	10,500	--	--	1,074,690
	194	La Rabida Jackson Park San.	299,870	175,000	--	--	--	
	194(S)	do	--	--	--	--	17,500	192,500
	332	Michael Reese Hosp. of Chicago	276,000	276,000	--	--	--	276,000
State Totals			$7,548,940	$2,476,601	$102,616	$2,000,000	$151,796	$4,731,013

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
INDIANA	1	Indiana Univ.	$ 1,000,000	$ 1,000,000	$ --	$ --	$ --	$
	2	do	1,000,000	1,000,000	--	--	--	
	3	do	1,000,000	1,000,000	--	--	--	
	4	do	1,000,000	1,000,000	--	--	--	

State Totals			$7,548,940	$2,476,601	$102,616	$2,000,000	$151,796	$4,731,013	

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
INDIANA	94	Indiana Univ.	$ 103,503	$ 36,124	$ --	$ --	$ --	$
	94(S)	do	--	--	67,379	--	--	
	95	do	18,375	18,375	--	--	--	
	95(S)	do	2,971	--	2,971	--	--	
	96	do	109,500	109,500	--	--	--	
	97	do	161,972	146,945	--	--	--	
	97(S)	do	--	--	--	--	15,027	396,321
	138	New Castle State Hospital	39,433	18,300	12,407	--	--	30,707
	193	Purdue Univ.	548,197	--	548,197	--	--	
	283	do	24,759	24,759	--	--	--	
	284	do	995,029	300,000	--	--	--	872,956
State Totals			$2,003,739	$654,003	$630,954	$ --	$ 15,027	$1,299,984

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
IOWA	39	State Univ.of Iowa	$ 140,000	$ --	$ --	$ 122,500	$ --	$
	64	do	98,000	98,000	--	--	--	
	64(S)	do	24,208	14,050	10,158	--	--	
	65	do	25,000	20,000	--	--	--	
	65(S)	do	--	--	3,890	--	--	
	260	do	3,750	3,750	--	--	--	
	303	do	87,015	49,632	31,500	--	--	
	330	do	12,000	12,000	--	--	--	365,480
State Totals			$ 389,973	$ 197,432	$ 45,548	$ 122,500	$ --	$ 365,480
KANSAS	234	Menninger Fdn.	630,000	--	--	340,073	59,927	$ 400,000
State Totals			$ 630,000	$ --	$ --	$ 340,073	$ 59,927	$ 400,000
KENTUCKY	56	Univ. of Kentucky	1,407,342	1,208,992	--	--	--	
	56(S)	do	--	--	--	--	178,547	1,387,539
	196	Univ. of Louisville	50,000	45,000	5,000	--	--	
	319	do	596,959	--	--	545,964	50,995	646,959

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
LOUISIANA	57	Louisiana State Univ.	$ 1,000,000	$ 1,000,000	$ --	$ --	$ --	
	57(S)	do	--	--	--	--	1,000,000	$ 2,000,000
	58	Tulane Univ.	1,000,000	1,000,000	--	--	--	
	58(S)	do	--	--	--	--	1,000,000	2,000,000
State Totals			$ 2,000,000	$ 2,000,000	$ --	$ --	$ 1,000,000	$ 4,000,000
MAINE	59	Eastern Maine Gen. Hosp.	1,000,000	1,000,000	--	--	--	
	59(S)	do	--	--	--	--	1,000,000	2,000,000
State Totals			$ 1,000,000	$ 1,000,000	$ --	$ --	$ 1,000,000	$ 2,000,000
MARYLAND	60	Johns Hopkins Univ.	1,000,000	1,000,000	--	--	--	
	60(S)	do	--	--	--	--	1,000,000	2,000,000
	61	Univ. of Maryland	1,000,000	1,000,000	--	--	--	
	61(S)	do	--	--	--	--	1,000,000	2,000,000
State Totals			$ 2,000,000	$ 2,000,000	$ --	$ --	$ 1,000,000	$ 4,000,000
MASSACHUSETTS	62	Boston Univ.	1,000,000	1,000,000	--	--	--	
	62(S)	do	--	--	--	--	1,000,000	2,000,000
	63	Harvard Univ.	1,000,000	1,000,000	--	--	--	
	63(S)	do	--	--	--	--	1,000,000	2,000,000
State Totals			$ 2,000,000	$ 2,000,000	$ --	$ --	$ 1,000,000	$ 4,000,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Amounts Recommended Fiscal Year 1959 Equip.	Total Award To Applicant Under PL 835
KENTUCKY (Cont.)	360	Mem.Med.Ctr.of Miner's Mem.Hosp. Assoc.	$ 60,000	$ 30,375	$ 2,835	$ --	$ --	$ 33,210
State Totals			$2,114,301	$ 1,284,367	$ 7,835	$ 545,964	$ 229,542	$ 2,067,708
LOUISIANA	101	Alton Ochsner Medical Fdn.	325,000	200,000	--	--	--	200,000
	189	Tulane Univ.School of Medicine	2,256,440		--	1,500,000	159,065	1,659,065
	99	Touro Infirmary	494,200	75,000	--	--	--	75,000
State Totals			$3,075,640	$ 275,000	$ --	$ 1,500,000	$ 159,065	$ 1,934,065
MAINE	301	Roscoe B. Jackson Memorial Laboratory	25,705	25,705	--	--	--	25,705
State Totals			$ 25,705	$ 25,705	$ --	$ --	$ --	$ 25,705
MARYLAND	110	Balto. City Hosps.	115,000	115,000	--	--	--	115,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applican Under PL 83
MARYLAND (Cont.)	106	Johns Hopkins Univ.	$1,860,000	$1,680,000	$ --	$ --	$ --	$
	106(S)	do	--	180,000	--	--	--	
	288	do (Homewood Campus)	275,000	--	--	136,724	13,276	
	358	Johns Hopkins Univ.	483,000	--	--	327,194	22,806	2,360,000
	11(R)	Sinai Hosp. of Baltimore, Inc.	198,207	20,000	33,428	--	--	53,428
State Totals			$2,931,207	$1,995,000	$ 33,428	$ 463,918	$ 36,082	$ 2,528,428
MASSA-CHUSETTS	16	Austen Riggs Ctr. Inc.	191,367	180,647	--	--	--	
	16(S)	do	--	--	10,720	--	--	191,367
	72	Boston Dispensary	150,000	125,000	--	--	--	
	72(S)	do	--	--	8,356	--	--	133,356
	163	Boston Lying-In Hosp.	327,867	192,500	--	--	--	
	163(S)	do	--	--	--	--	6,150	198,650
	132	Boston U.Sch.Med.	1,500,000	1,500,000	--	--	--	1,500,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Amounts Recommended Fiscal Year 1959 Equip.	Total Award To Applicant Under PL 835
MASSACHUSETTS (Cont.)	148	Brandeis Univ.	$ 387,500	$ 340,000	$ 23,373	$ --	$ --	$ 363,373
	270	Children's Cancer Research Fdn.	612,752	400,000	--	--	--	400,000
	297	Children's Hosp.	156,017	131,017	--	--	--	
	297(S)	do	--	--	--	--	11,200	142,217
	124	Clark Univ.	37,822	36,072	--	--	--	36,072
	135	Harvard U. - Chem.	891,400	820,850	--	--	--	
		do - Biol.	49,000	49,000	--	--	--	
	135(S)	"	--	--	--	--	34,368	
	231	do	1,110,900	1,026,000	--	--	--	
	231(S)	do	--	--	--	--	55,377	1,985,595
	300	Marine Biol. Lab.	738,500	--	--	359,250	10,000	369,250
	4	Mass. Gen. Hosp.	171,000	95,045	--	--	--	
	4(S)	do	73,850	--	7,175	--	--	
	42	do	106,503	86,503	--	--	--	
	42(S)	do	--	--	7,175	--	--	
	187	do	157,345	140,545	--	--	--	
	187(S)	do	--	--	--	--	5,775	

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State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
MASS. (Cont.)	215	Mass. Gen. Hosp.	$ 28,350	$ 21,000	$ --	$ --	$ --	$ 363,218
	112	Univ. of Mass.	209,370	155,000	--	--	--	
	112(S)	do	--	--	--	--	21,656	
	144	do	375,800	200,000	--	--	--	
	144(S)	do	--	--	--	--	40,304	
	205	do	22,600	--	4,375	--	--	421,335
	28	New Eng.Ctr.Hosp.	625,000	400,000	--	--	--	
	28(S)	do	150,282	--	--	--	38,643	438,643
	31	New Eng. Deaconess Hospital	135,000	120,000	--	--	--	120,000
	44	Retina Foundation	461,700	--	--	300,000	--	300,000
	317	Robert B. Brigham Hospital	11,159	5,900	1,625	--	--	7,525
	220	Sears Surgical Lab.	258,443	100,000	--	--	--	100,000
	273	Thorndike Mem. Lab., Boston City Hosp.	225,000	186,036	--	--	--	
	273(S)	do	--	--	--	--	38,964	225,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
MASS.	128	Tufts Univ.Sch.Med.	$ 19,648	$ 19,648	$ --	$ --	$ --	$
(Cont.)	128(S)	do	5,512	--	2,800	--	--	22,448
	98	Worcester Fdn. for Exper. Biol.	275,000	241,000	--	--	--	
	98(S)	do	--	--	13,230	--	--	
	98(S2)	do	170,770	96,500	7,980	--	--	358,710
State Totals			$9,635,457	$6,668,263	$ 86,809	$ 659,250	$ 262,437	$ 7,676,759
MICHIGAN	339	Univ. of Detroit	285,475	--	--	100,000	--	100,000
	183	Mich. State Univ.	250,000	203,275	31,725	--	--	235,000
	37	Univ. of Mich.	1,025,000	--	--	600,000	51,012	
	71	do	86,500	58,522	--	--	--	
	71(S)	do	--	--	3,390	--	--	
	80	do	605,000	605,000	--	--	--	
	80(S)	do	123,985	--	57,750	--	--	
	166	do	742,077	--	--	360,000	21,000	
	177	do	137,500	57,013	--	--	--	
	197	do	30,000	20,098	2,450	--	--	1,836,235

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
MICHIGAN (Cont.)	47	Wayne State Univ.	$2,313,750	$1,200,000	$ --	$ --	$ --	$
	47(S)	do	--	--	--	--	118,377	
	53	do	500,000	500,000	--	--	--	1,818,377
State Totals			$6,634,762	$2,643,908	$ 95,315	$1,060,000	$ 190,389	$ 3,989,612
MINNESOTA	150(R)	Minneapolis Gen. Hosp. Res. Fndn., Inc.	107,730	96,592	--	--	--	
	150(RS)	do	--	--	--	--	6,279	102,871
	151	Mayo Association	258,470	191,658	--	--	--	
	151(S)	do	--	--	--	--	16,625	208,283
	19	Univ. of Minnesota	26,110	26,110	--	--	--	
	20	do	161,000	161,000	--	--	--	
	127(R)	do	270,369	218,515	--	--	--	
	127(RS)	do	--	--	10,806	--	--	
	129	do	837,065	787,500	--	--	--	
	129(S)	do	--	--	48,300	--	--	
	202	do	305,110	172,000	--	--	--	
	202(S)	do	--	--	--	--	21,452	

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
MINNESOTA (Cont.)	236	Univ. of Minnesota	$ 892,821	$ 892,821	$ --	$ --	$ --	$
	249	do (Pharm)	76,032	--	--	76,032	--	
	266	do (Vet)	400,000	300,000	--	--	--	2,714,536
	351	Mt. Sinai Hosp.	63,227	52,546	8,181	--	--	60,727
	324	St. Joseph's Hosp.	93,312	54,500	--	--	--	54,500
State Totals			$3,491,246	$ 2,953,242	$ 67,287	$ 76,032	$ 44,356	$ 3,140,917
MISSISSIPPI			-0-					
MISSOURI	66	Univ. of Kansas City	49,975	49,975	--	--	--	49,975
	316	Midwest Res. Inst.	145,457	127,875	15,864	--	--	143,739
	312	Univ. of Missouri	425,000	373,000	--	--	--	
	312(S)	do	--	--	--	--	22,225	395,225
	41	Washington Univ.	71,005	71,005	--	--	--	
	41(S)	do	6,784	--	5,941	--	--	

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
MISSOURI (Cont.)	49	Washington Univ.	$ 743,238	$ 743,238	$ --	$ --	$ --	$
	70	do	149,955	149,955	--	--	--	
	70(S)	do	39,931	--	13,038	--	--	
	277	do	27,917	20,199	5,400	--	--	1,008,776
State Totals			$1,659,262	$1,535,247	$ 40,243	$ --	$ 22,225	$ 1,597,715
MONTANA	67(R)	Montana State Coll.	320,975	117,400	12,600	--	--	130,000
	252	Montana State Univ.	413,328	130,000	--	--	--	130,000
State Totals			$ 734,303	$ 247,400	$ 12,600	$	$	$ 260,000
NEBRASKA	230	Univ. of Nebraska	200,000	176,722	23,278	--	--	200,000
State Totals			$ 200,000	$ 176,722	$ 23,278	$ --	$ --	$ 200,000
NEVADA			-0-					
NEW HAMPSHIRE	276	Dartmouth Med.Sch.	1,060,025	--	--	974,425*	49,919*	1,024,344

* Tentative award recommended, subject to negotiation and administrative reduction as directed by Council.

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NEW MEXICO	278	Univ. of New Mexico	$ 1,000,000	$ 1,000,000	$ --	$ --	$ --	$ 1,000,000
NEW YORK	279	Albert Einstein Coll. of Med.	1,000,000	--	--	1,000,000*	--	1,000,000
	280	Columbia Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	281	Cornell Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	282	Long Island College of Med.	1,000,000	--	--	1,000,000*	--	1,000,000
	283	New York Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	284	Univ. of Rochester	1,000,000	--	--	1,000,000*	--	1,000,000
	285	Syracuse Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
NORTH CAROLINA	286	Duke Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	287	Univ. of North Carolina	1,000,000	--	--	1,000,000*	--	1,000,000
	288	Wake Forest College	1,000,000	--	--	1,000,000*	--	1,000,000
NORTH DAKOTA	289	Univ. of North Dakota	1,000,000	--	--	1,000,000*	--	1,000,000
OHIO	290	Case Institute of Technology	1,000,000	--	--	1,000,000*	--	1,000,000
	291	Ohio State Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	292	Univ. of Cincinnati	1,000,000	--	--	1,000,000*	--	1,000,000
	293	Western Reserve Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
OKLAHOMA	294	Univ. of Oklahoma	1,000,000	--	--	1,000,000*	--	1,000,000
OREGON	295	Oregon State College	1,000,000	--	--	1,000,000*	--	1,000,000
	296	Univ. of Oregon	1,000,000	--	--	1,000,000*	--	1,000,000
PENNSYLVANIA	297	Hahnemann Medical College	1,000,000	--	--	1,000,000*	--	1,000,000
	298	Jefferson Medical College	1,000,000	--	--	1,000,000*	--	1,000,000
	299	Temple Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	300	Univ. of Pennsylvania	1,000,000	--	--	1,000,000*	--	1,000,000
	301	Univ. of Pittsburgh	1,000,000	--	--	1,000,000*	--	1,000,000
	302	Woman's Medical College of Pennsylvania	1,000,000	--	--	1,000,000*	--	1,000,000
PUERTO RICO	303	Univ. of Puerto Rico	1,000,000	--	--	1,000,000*	--	1,000,000
RHODE ISLAND	304	Brown Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
SOUTH CAROLINA	305	Medical College of South Carolina	1,000,000	--	--	1,000,000*	--	1,000,000
SOUTH DAKOTA	306	Univ. of South Dakota	1,000,000	--	--	1,000,000*	--	1,000,000
TENNESSEE	307	Meharry Medical College	1,000,000	--	--	1,000,000*	--	1,000,000
	308	Univ. of Tennessee	1,000,000	--	--	1,000,000*	--	1,000,000
	309	Vanderbilt Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
TEXAS	310	Baylor Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	311	Univ. of Texas	1,000,000	--	--	1,000,000*	--	1,000,000
UTAH	312	Univ. of Utah	1,000,000	--	--	1,000,000*	--	1,000,000
VERMONT	313	Univ. of Vermont	1,000,000	--	--	1,000,000*	--	1,000,000
VIRGINIA	314	Medical College of Virginia	1,000,000	--	--	1,000,000*	--	1,000,000
	315	Univ. of Virginia	1,000,000	--	--	1,000,000*	--	1,000,000
WASHINGTON	316	Univ. of Washington	1,000,000	--	--	1,000,000*	--	1,000,000
WEST VIRGINIA	317	West Virginia Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
WISCONSIN	318	Marquette Univ.	1,000,000	--	--	1,000,000*	--	1,000,000
	319	Univ. of Wisconsin	1,000,000	--	--	1,000,000*	--	1,000,000
WYOMING	320	Univ. of Wyoming	1,000,000	--	--	1,000,000*	--	1,000,000

* Tentative award recommended, subject to negotiation and administrative reduction as directed by Council.

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State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NEW HAMPSHIRE (Cont.)	363	Univ. of N. H.	$ 211,696	$ 135,653	$ --	$ --	$ --	$
	363(S)	do	40,474	--	--	--	14,347	150,000
State Totals			$1,312,195	$ 135,653	$ --	$ 974,425	$ 64,266	$ 1,174,344
NEW JERSEY	107	Fairleigh Dickinson University	32,500	32,500	--	--	--	32,500
	241	Newark Beth Israel Hosp.	13,300	--	13,300	--	--	13,300
	289	Princeton Univ.	1,045,857	--	--	570,000	--	570,000
	141	Rutgers, The State University	1,000,000	--	--	400,000	50,890	
	322	do	42,631	19,765	--	--	--	470,655
	347	Vineland St. Sch.	9,972	8,942	1,030	--	--	9,972
State Totals			$2,144,260	$ 61,207	$ 14,330	$ 970,000	$ 50,890	$ 1,096,427
NEW MEXICO	58	N.Mex.Highlands U.	150,000	140,000	10,000	--	--	150,000
	174(R)	Lovelace Foundation	181,550	176,600	4,950	--	--	181,550
State Totals			$ 331,550	$ 316,600	$ 14,950	$ --	$ --	$ 331,550

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 933
NEW YORK	334	Adelphi College	$ 14,550	$ 9,550	$ 1,400	$ --	$ --	$ 10,950
	6	Albany Med.College	50,000	45,000	--	--	--	45,000
	104	Albert Einstein Coll. of Medicine	402,183	134,137	108,195	--	--	242,332
	184	Brooklyn Botanic Garden	125,500	75,000	18,446	--	--	93,446
	149	Buffalo Children's Hospital	57,933	53,933	4,000	--	--	57,933
	57	Univ. of Buffalo	763,020	763,020	--	--	--	
	57(S)	do	67,347	--	67,347	--	--	
	57(S3)	do	20,548	--	20,548			
	294	do	250,000	--	--	250,000	--	1,100,915
	1	Columbia Univ.	400,000	366,300	--	--	--	
	1(S)	do	--	--	33,700	--	--	
	350	do- Sch. of Public Hlth.& Adm.Med.	350,000	137,500	27,500	--	--	
	353	Columbia Univ.	32,500	32,500	--	--	--	597,500

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NEW YORK (Cont.)	102	Cornell Univ.	$ 75,000	$ 75,000	$ --	$ --	$ --	$
	256	do	1,737,500	--	--	1,409,350	90,650	1,575,000
	54	Hosp. for Spec. Surg.	307,634	300,000	--	--	--	
	54(S)	do	--	--	--	--	43,281	343,281
	117	Jewish Chronic Disease Hosp.	121,055	55,000	31,468	--	--	86,468
	74	Jewish Hosp. of Brooklyn	496,775	240,000	--	--	--	
	74(S)	do	70,[illegible]70	--	--	--	48,825	288,825
	243	Mary Imogene Bassett Hosp.	435,000	130,000	--	--	--	130,000
	257	Misericordia Hosp.	156,404	40,000	--	--	--	40,000
	344	Mt. Sinai Hosp.	47,733	35,591	7,087	--	--	42,678
	161	City of N.Y. Public Health Res. Inst.	1,617,500	--	--	550,000	--	550,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NEW YORK (Cont.)	279	N.Y.St.Psych.Inst.	$ 66,000	$ 66,000	$ --	$ --	$ --	$ 66,000
	171	N.Y.St.Coll.of Agri.	20,000	15,000	5,000	--	--	20,000
	278	St. of N.Y. - Dept. of Mental Health Rockland St. Hosp.	350,000	221,899	18,704	--	--	240,603
	12	New York Univ.	80,000	75,298	--	--	--	
	12(S)	do	--	--	4,702	--	--	
	336	do College of Dent.	102,554	--	--	6,300	525	
	323	New York Univ. Bellevue Med.Ctr.	50,000	45,060	--	--	--	
	329	do	1,655,000	--	--	1,575,000	57,680	1,764,565
	131	Univ. of Rochester	251,731	248,681	--	--	--	248,681
	9	Rockefeller Inst. for Med. Res.	1,991,420	600,000	--	--	--	600,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NEW YORK (Cont.)	21	Roswell Park Mem. Inst.	$ 1,914,508	$ 646,000	$ --	$ --	$ --	$ 646,000
	136	St.Clare's Hosp.	50,700	--	10,771	--	--	10,771
	169	St.John's Univ.	172,063	118,320	16,975	--	--	135,295
	155	St.Joseph's Hosp.	7,306	6,500	806	--	--	7,306
	361	St.Luke's Hosp.	44,161	44,161	--	--	--	44,161
	133	St.Vincent's Hosp.	1,153,500	--	--	200,000	17,500	217,500
	25(R)	Sloan-Kettering Inst. for Cancer Res.	2,793,125	1,060,000	--	--	--	
	25(RS)	do	--	--	--	--	92,750	1,152,750
State Totals			$18,850,320	$5,639,450	$376,649	$3,990,650	$351,211	$10,357,960
NORTH CAROLINA	59	Bowman Gray Sch.Med.	698,473	598,473	--	--	--	
	59(S)	do	--	--	79,221	--	--	
	59(S2)	do	75,000	75,000	--	--	--	752,694

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
NORTH CAROLINA	82	Duke University	$ 105,000	$ 105,000	$ --	$ --	$ --	$
(Cont.)	238	do	287,500	215,000	--	--	--	320,000
	268	U. of N.C. (Path.)	39,325	39,325	--	--	--	39,325
State Totals			$1,205,298	$1,032,798	$ 79,221	$ --	$ --	$1,112,019
NORTH DAKOTA	271	U. of N.Dakota	95,000	66,000	8,190	--	--	74,190
State Totals			$ 95,000	$ 66,000	$ 8,190	$ --	$ --	$ 74,190
OHIO	261	Children's Hosp. Columbus	875,000	--	--	164,250	15,750	180,000
	275	Children's Hosp. Cincinnati	348,247	312,087	12,950	--	--	325,037
	23	Univ. of Cincinnati	879,436	865,688	--	--	--	
	23(S)	do	--	--	--	--	13,748	879,436
	321	Columbus Psychiatric Inst. and Hosp.	707,218	--	--	268,718	31,282	300,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
OHIO (Cont.)	7	Eliz. Gamble Inst.	$ 195,500	$ 184,000	$ --	$ --	$ --	$
	7(S)	do	--	--	11,025	--	--	195,025
	247	Fels Research Inst.	97,912	91,900	6,012	--	--	97,912
	287	Highland View Hosp.	66,054	16,137	1,711	--	--	17,848
	219	Ohio Rehab. Center	139,800	114,000	16,625	--	--	130,625
	229	May Inst. (Cincinnati)	37,500	37,500	--	--	--	37,500
	5	Ohio State U. (Dent)	290,000	290,000	--	--	--	
	18	Ohio State U. (Med.)	2,000,000	900,000	--	--	--	1,190,000
	181	St. Mary's Hosp.	316,925	25,000	--	--	--	25,000
	299	St. Vincent's Hosp.	339,957	105,000	--	--	--	105,000
	190(R)	Univ. Hosps. of Cleveland	889,500	--	--	307,240	26,883	334,123
	140	Western Reserve U.	15,000	7,500	1,155	--	--	

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
OHIO (Cont.)	191	Western Reserve U. & U. Hosps. of Cleveland	$ 1,255,691	$ --	$ --	$ 1,175,286	$ 78,400	$
	192	Western Reserve U.	914,279	175,000	--	--	--	
	192(S)	do	--	--	26,250	--	--	
	192(S2)	do	992,513	--	--	376,245	--	1,839,836
State Totals			$10,360,537	$3,123,812	$ 75,728	$2,291,739	$ 166,063	$5,657,342
OKLAHOMA	84	U. of Oklahoma	400,000	400,000	--	--	--	400,000
	214	Okla.St.Univ.of Agr.&Appl.Scs.	22,500	7,000	2,975	--	--	
	349	do	250,000	150,000	--	--	--	159,975
State Totals			$ 672,500	$ 557,000	$ 2,975	$ --	$ --	$ 559,975
OREGON	170	Oreg.State Coll.	521,941	457,669	--	--	--	
	170(S)	do	--	--	--	--	64,272	521,941
	250	Reed College(Biol.)	133,165	132,315	850	--	--	133,165
State Totals			$ 655,106	$ 589,984	$ 850	$ --	$ 64,272	$ 655,106

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
PENNA.	325	Albert Einstein Med. Ctr.	$ 297,363	$ 270,363	$ --	$ --	$ --	$
	325(S)	do	--	--	--	--	27,000	297,363
	40	Bryn Mawr College	300,000	300,000	--	--	--	
	40(S)	do	39,731	--	--	--	14,157	314,157
	227	Children's Hospital of Pittsburgh	134,634	--	--	--	20,171	20,171
	210	Eliz. Steele Magee Hosp.	447,342	200,000	--	--	--	200,000
	382	Hahnemann Med.Coll. and Hospital	882,000	--	--	882,000*	--	882,000
	178	Home of Jewish Aged	9,488	--	6,750	--	--	6,750
	119	Jefferson Med.Coll.	30,755	30,755	--	--	--	
	120	do	22,235	22,235	--	--	--	
	121	do	51,883	51,883	--	--	--	

* Tentative award recommended, subject to negotiation and administrative reduction as directed by Council.

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
PENNA. (Cont.)	122	Jefferson Med.Coll (cont.)	$ 24,572	$ 24,572	$ --	$ --	$ --	$ 129,445
	180	Moore Sch.of Elec. Engineering	58,000	58,000	--	--	--	58,000
	8	Univ. of Pa.	179,004	179,004	--	--	--	
	8(S)	do	146,617	--	33,250	--	--	
	62	do	1,600,000	400,000	--	--	--	
	62(S)	do	--	1,200,000	--	--	--	
	62(S2)	do	581,891	--	--	--	130,095	
	83	do	150,000	150,000	--	--	--	
	83(S)	do	5,350	--	--	--	5,350	
	295	do	85,879	71,040	--	--	--	
	295(S)	do	--	--	--	--	14,839	2,183,578
	239	Phila.Gen.Hosp.	140,100	50,000	--	--	--	50,000
	27(R)	Univ.of Pittsburgh	180,000	--	82,920	--	--	
	75	do	686,812	649,312	--	--	--	
	75(S)	do	--	--	37,500	--	--	

28728

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
PENNA (Cont.)	116	Univ. of Pittsburgh (cont.)	$ 57,456	$ 41,054	$ --	$ --	$ --	$
	116(S)	do	--	--	16,402	--	--	827,188
	165	Wills Eye Hosp.	100,000	90,000	--	--	--	
	165(S)	do	--	--	--	--	4,700	94,700
	244	Wistar Inst.	187,624	187,624	--	--	--	187,624
	52	Woman's Med.Coll.	938,290	500,000	--	--	--	
	52(S)	do	--	--	--	--	35,670	
	52(S2)	do	10,368	--	--	10,368	--	546,038
	38	The Woods School	150,000	150,000	--	--	--	
	38(S)	do	32,315	--	26,250	--	--	176,250
State Totals			$7,499,959	$4,625,842	$203,072	$ 892,368	$251,982	$5,973,264
RHODE ISLAND	2	Brown Univ.	411,002	411,002	--	--	--	
	2(S)	do	22,555	--	22,555	--	--	433,557
	153	Rhode Island Hosp.	162,643	25,000	--	--	--	25,000
State Totals			$ 596,200	$436,002	$ 22,555	$ --	$ --	$ 458,557

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Amounts Recommended Fiscal Year 1959 Equip.	Total Award To Applicant Under PL 835
SOUTH CAROLINA			$ -0-	$	$	$	$	$
SOUTH DAKOTA			-0-					
TENNESSEE	320	Meharry Med.Coll.	717,250	--	--	200,000	--	200,000
	326	Univ. of Tenn.	7,500	7,500	--	--	--	7,500
	76	Vanderbilt Univ.	215,020	190,213	--	--	--	
	76(S)	do	19,388	--	19,388	--	--	
	204(R)	do	111,647	91,213	8,878	--	--	
	318	do	990,000	--	--	700,000	--	1,009,692
State Totals			$2,060,805	$ 288,926	$ 28,266	$ 900,000	$ --	$1,217,192
TEXAS	126	Rice Institute	50,000	--	50,000	--	--	50,000
	13	Southwest Fdn. for Res. and Ed.	636,028	200,000	32,773	--	--	232,773

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
TEXAS (Cont.)	208	Univ.of Houston	$ 6,754	$ 1,865	$ 1,197	$ --	$ --	$ 3,062
	118	Univ. of Texas	100,000	100,000	--	--	--	100,000
State Totals			$ 792,782	$ 301,865	$ 83,970	$ --	$ --	$ 385,835
UTAH	63	Utah State Ag.Coll.	26,157	26,157	--	--	--	26,157
	100	Holy Cross Hosp.	144,555	25,000	--	--	--	25,000
	125	Univ. of Utah	1,990,000	1,500,000	--	--	--	
	125(S)	do	--	490,000	--	--	--	
	125(S2)	do	444,075	--	--	--	190,050	2,180,050
State Totals			$2,604,787	$2,041,157	$ --	$ --	$190,050	$2,231,207
VERMONT	307	DeGoesbriand Mem.H.	157,000	87,375	--	--	--	
	307(S)	do	--	--	--	--	9,100	96,475
	50	Univ. of Vermont	619,000	619,000	--	--	--	619,000
State Totals			$776,000	$706,375	$ --	$ --	$ 9,100	$ 715,475

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
VIRGINIA	105	Med.Coll.of Va.	$ 170,123	$ 170,123	$ --	$ --	$ --	$ 170,123
	280	Univ. of Va.	261,250	261,250	--	--	--	261,250
State Totals			$ 431,373	$ 431,373	$ --	$ --	$ --	$ 431,373
WASHINGTON	93	Univ.of Washington	158,812	158,812	--	--	--	
	93(S)	do	9,020	--	9,020	--	--	
	111	do	155,000	155,000	--	--	--	
	254	do (Dent.)	50,000	50,000	--	--	--	
	355	do	425,000	--	--	425,000	--	797,832
	221	State Coll.of Wash.	22,332	--	13,869	--	--	
	228	do	29,925	4,750	887	--	--	
	233	do	100,000	74,594	--	--	--	
	233(S)	do	--	--	--	--	17,062	111,162
State Totals			$ 950,089	$ 443,156	$ 23,776	$ 425,000	$ 17,062	$ 908,994

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
WEST VIRGINIA	106	Med.Coll.of W.Va.	$ 1,000,000	$ 1,000,000	$ --	$ --	$ --	$ 1,000,000
	107	W.Va.Univ.	1,000,000	1,000,000	--	--	--	1,000,000
State Totals			$ 2,000,000	$ 2,000,000	$ --	$ --	$ --	$ 2,000,000
WISCONSIN	108	Univ.of Wisconsin	1,000,000	1,000,000	--	--	--	1,000,000
	109	Marquette Univ.	1,000,000	1,000,000	--	--	--	1,000,000
State Totals			$ 2,000,000	$ 2,000,000	$ --	$ --	$ --	$ 2,000,000
WYOMING	110	Univ.of Wyoming	1,000,000	1,000,000	--	--	--	1,000,000
State Totals			$ 1,000,000	$ 1,000,000	$ --	$ --	$ --	$ 1,000,000
Grand Totals			$ 49,381,462	$ 29,000,000	$ 1,000,000	$ 14,000,000	$ 1,000,000	$ 45,000,000

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
WEST VIRGINIA	55	West Va. Univ.	$ 437,324	$ 108,918	$ --	$ --	$ --	$
	337	do	33,064	1,190	21,597	--	--	131,705
State Totals			$ 470,388	$ 110,108	$ 21,597	$ --	$ --	$ 131,705
WISCONSIN	152	Marquette Univ.	822,414	--	--	250,000	35,980	
	253	do (Dent.)	37,627	17,215	4,053	--	--	
	357	do	118,380	104,940	13,440	--	--	425,628
	10	Univ. of Wisc.	1,005,000	975,000	--	--	--	
	10(S)	do	--	--	--	--	30,000	
	259	do Enzyme Inst.	300,000	287,143	12,857	--	--	1,305,000
State Totals			$2,283,421	$1,184,298	$ 30,350	$ 250,000	$ 65,980	$1,730,628

State	RC-	Institution	Amount Requested	AMOUNTS AWARDED Fiscal Years 1957 & 1958 Constr.	Equip.	Amounts Recommended Fiscal Year 1959 Constr.	Equip.	Total Award To Applicant Under PL 835
WYOMING	217	Univ. of Wyoming	$ 60,485	$ 59,321	$ 1,164	$ --	$ --	$ 60,485
State Totals			$ 60,485	$ 59,321	$ 1,164	$ --	$ --	$ 60,485
GRAND TOTALS			$ 121,900,031	$57,591,752	$2,408,348	$20,759,269	$3,102,397	$83,861,666

II. CANCER AND HEART INSTITUTES' RESEARCH CONSTRUCTION GRANTS

NATIONAL INSTITUTES OF HEALTH CONSTRUCTION GRANTS
APPROVED FOR PAYMENT FROM FISCAL YEAR 1952 FUNDS

D.R.G.
6-30-52
C.R B.

STATE AND INSTITUTION	NATIONAL CANCER INSTITUTE	
	No.	Amount
GRAND TOTAL	20	$4,625,000
CALIFORNIA	2	1,231,650
University of California, Berkeley	1	647,000
University of California, Los Angeles	1	584,650
DISTRICT OF COLUMBIA	1	200,000
George Washington University	1	200,000
GEORGIA	1	110,000
Emory University	1	110,000
INDIANA	1	126,350
Indiana University	1	126,350
MARYLAND	1	330,000
Johns Hopkins University	1	330,000
MICHIGAN	1	98,000
Wayne University	1	98,000
MINNESOTA	3	635,000
University of Minnesota	3	635,000
MISSOURI	2	212,000
St. Louis University	1	177,000
Washington University	1	35,000
NEW YORK	1	575,000
New York University Bellevue Medical Center	1	575,000
OHIO	2	582,000
Ohio State University	1	282,000
Western Reserve and University Hospitals of Cleveland	1	300,000
PENNSYLVANIA	2	300,000
University of Pennsylvania	1	100,000
University of Pittsburg	1	200,000
SOUTH CAROLINA	1	25,000
Medical College of the State of South Carolina	1	25,000

STATE AND INSTITUTION	NATIONAL CANCER INSTITUTE	
	No.	Amount
TENNESSEE	1	100,000
Vanderbilt University	1	100,000
TEXAS	1	100,000
University of Texas	1	100,000

NATIONAL INSTITUTES OF HEALTH RESEARCH CONSTRUCTION GRANTS
OBLIGATIONS - FISCAL YEARS 1949 and 1950 FUNDS
By State and Institution

	Total Amount		Cancer		Heart
	1949	1950	1949	1950	1950
Grand Total	$ 6,614,644	$ 9,884,000	$ 6,614,644	$ 5,390,000	$ 4,494,000
CALIFORNIA	712,573	1,385,000			
Univ. of California - S.F.			712,573		
Univ. of California - L.A.				700,000	485,000
Univ. of Southern Calif.				200,000	
COLORADO	400,000	246,380			
Univ. of Colorado			400,000		246,380
CONNECTICUT	250,000				
Yale Univ.			250,000		
DISTRICT OF COLUMBIA	48,000	250,000			
George Washington Univ.				250,000	
Georgetown Univ. Med. Sch.			48,000		
GEORGIA	500,000	73,000			
Emory Univ.			500,000		15,000
Univ. of Georgia					58,000
ILLINOIS	259,000	822,300			
Univ. of Chicago			259,000	240,000	485,000
Northwestern Univ.					50,000
Stritch Sch. of Med.				47,300	

	Total Amount 1949	Total Amount 1950	Cancer 1949	Cancer 1950	Heart 1950
INDIANA		126,350			
Indiana Univ. Med. Center				126,350	
IOWA		12,250			
State Univ. of Iowa				12,250	
KANSAS		300,000			
Univ. of Kansas				200,000	100,000
LOUISIANA		485,000			
Tulane Univ.					485,000
MARYLAND		1,235,000			
Johns Hopkins Univ.				750,000	485,000
MASSACHUSETTS		145,250			
Boston Univ. Sch. of Med.				62.750	
Harvard Sch. Pub. Health					82,500
MICHIGAN		250,000			
Wayne Univ. Coll. of Med.				250,000	
MINNESOTA	468,550	685,000			
Univ. of Minnesota			468,550	200,000	485,000
MISSISSIPPI		4,435			
Univ. of Mississippi					4,435
MISSOURI	700,000	625,000			
St. Louis Univ.				625,000	
Washington Univ.			700,000		

	Total Amount 1949	Total Amount 1950	Cancer 1949	Cancer 1950	Heart 1950
NEW YORK	1,858,368	625,650			
Columbia Univ. Coll. of Phys. & Sgs.			1,000,000		
New York Univ. - Bellevue Med. Center			575,000		485,000
Univ. of Rochester			283,368		
Syracuse Univ.					140,650
NORTH CAROLINA		443,605			
Duke Univ.				200,000	43,605
Univ. of North Carolina				200,000	
OHIO		600,000			
Ohio State Univ.				300,000	
Western Reserve Univ.				300,000	
PENNSYLVANIA		720,100			
Univ. of Pennsylvania				200,000	320,100
Univ. of Pittsburgh				200,000	
SOUTH CAROLINA		100,000			
Med. Coll. of the State of South Carolina				100,000	
TENNESSEE	394,969	296,680			
Meharry Med. Coll.			30,385		172,330
Univ. of Tennessee			364,584		
Vanderbilt Univ.				126,350	
TEXAS	200,000	100,000			
Univ. of Texas			200,000	100,000	

	Total Amount		Cancer		Heart
	1949	1950	1949	1950	1950
UTAH	416,404	60,000			
Univ. of Utah Med. Sch.			416,404		60,000
WISCONSIN	406,780	291,000			
Univ. of Wisconsin			406,780		291,000

These grants are distributed among 40 institutions located in 24 States and District of Columbia.

This report does not include grants to affiliated institutions.

NATIONAL INSTITUTES OF HEALTH CONSTRUCTION GRANTS APPROVED FOR PAYMENT FROM FISCAL YEAR 1951 FUNDS

D.R.G.
6-30-51
R.P.M.

STATE AND INSTITUTION	TOTAL		CANCER		HEART	
	No.	Amount	No.	Amount	No.	Amount
GRAND TOTAL	60	$9,459,000	41[1]	$5,000,000[2]	19	$4,459,000[2]
CALIFORNIA	4	790,923	3	380,923	1	410,000
University of California, Berkeley	1	65,573	1	65,573		
University of California, Los Angeles	1	115,350	1	115,350		
University of Southern California	2	610,000	1	200,000	1	410,000
COLORADO	2	296,380	1	50,000	1	246,380
University of Colorado	2	296,380	1	50,000	1	246,380
CONNECTICUT	1	100,000	1	100,000		
Yale University	1	100,000	1	100,000		
DISTRICT OF COLUMBIA	1	50,000	1	50,000		
George Washington University - Warwick Clinic	1	50,000	1	50,000		
GEORGIA	2	233,500	1	200,000	1	33,500
Emory University	1	200,000	1	200,000		
University of Georgia	1	33,500			1	33,500
ILLINOIS	3	737,300	2	287,300	1	450,000
University of Chicago	2	690,000	1	240,000	1	450,000
Loyola University	1	47,300	1	47,300		
IOWA	1	12,250	1	12,250		
Iowa State University	1	12,250	1	12,250		
KANSAS	2	260,000	1	200,000	1	60,000
University of Kansas	2	260,000	1	200,000	1	60,000
LOUISIANA	1	485,000			1	485,000
Tulane University	1	485,000			1	485,000

STATE AND INSTITUTION	TOTAL		CANCER		HEART	
	No.	Amount	No.	Amount	No.	Amount
MARYLAND	2	$765,000	1	$370,000	1	$395,000
Johns Hopkins University	2	765,000	1	370,000	1	395,000
MASSACHUSETTS	10	1,462,000	7	817,750	3	644,250
Massachusetts General Hospital	2	655,000	1	270,000	1	385,000
N. E. Deaconess Hospital	2	335,000	2	335,000		
Boston University	2	62,750	2	62,750		
Beth Israel Hospital	1	50,000	1	50,000		
Children's Medical Center	1	100,000	1	100,000		
Brigham P. B., Hospital	1	204,500			1	204,500
House of Good Samaritan	1	54,750			1	54,750
MICHIGAN	2	152,000	2	152,000		
Wayne University	2	152,000	2	152,000		
MINNESOTA	3	404,438	2	34,438	1	370,000
University of Minnesota	3	404,438	2	34,438	1	370,000
MISSOURI	3	763,000	3	763,000		
Washington University	2	315,000	2	315,000		
St. Louis University	1	448,000	1	448,000		
NEW YORK	5	690,650	3	195,000	2	495,650
Columbia University	1	115,000	1	115,000		
New York University	2	455,000	1	30,000	1	425,000
Memorial Hospital for Treatment of Cancer	1	50,000	1	50,000		
State University of New York	1	70,650			1	70,650
NORTH CAROLINA	3	443,605	2	400,000	1	43,605
Duke University	2	243,605	1	200,000	1	43,605
University of North Carolina	1	200,000	1	200,000		
OHIO	1	18,000	1	18,000		
Ohio State University	1	18,000	1	18,000		

STATE AND INSTITUTION	TOTAL		CANCER		HEART	
	No.	Amount	No.	Amount	No.	Amount
OKLAHOMA	2	$196,000	1	$125,000	1	$71,000
Oklahoma Medical Research Foundation	2	196,000	1	125,000	1	71,000
PENNSYLVANIA	4	697,550	2	150,000	2	547,550
University of Pennsylvania	2	320,100	1	100,000	1	220,100
University of Pittsburgh	1	50,000	1	50,000		
Children's Hospital	1	327,450			1	327,450
SOUTH CAROLINA	1	75,000	1	75,000		
South Carolina State Medical College	1	75,000	1	75,000		
TENNESSEE	3	92,415	2	76,350	1	16,065
University of Tennessee	1	50,000	1	50,000		
Vanderbilt University	1	26,350	1	26,350		
Meharry Medical College	1	16,065			1	16,065
TEXAS	1	150,000	1	150,000		
University of Texas	1	150,000	1	150,000		
UTAH	1	196,404	1	196,404		
University of Utah	1	196,404	1	196,404		
WISCONSIN	2	387,585	1	196,585	1	191,000
University of Wisconsin	2	387,585	1	196,585	1	191,000

1/ These 41 grants are part of the 63 grants obligated under contract authority in Fiscal Years 1949 and 1950.

2/ To liquidate prior year contract authority commitments.

III. RESEARCH GRANTS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

PUBLIC HEALTH SERVICE RESEARCH GRANTS
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution, as of June 30, 1957
(Institution data include grants to components)

DRG/ALB
Report #536
6-30-57

	TOTAL		NATIONAL INSTITUTES OF HEALTH														PHS, OTHER			
			NIAMD		NINDB		NCI		NIDR		NIAID		NHI		NMHI		DRG		BSS		BAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
United States, Territories, and Foreign Countries TOTAL	6242	82:517:306	772	8:221:928	676	9:844:725	3165	10:790:481	276	2:692:462	770	8:114:811	1390	18:343:778	484	7:402:815	683	7:992:088	24	516:999	32	1:094:234
ALABAMA																						
ALABAMA UNIV OF	47	692:943	0	104:393	3	29:716	8	138:516	11	161:629	3	28:788	11	170:393			3	29:167				
ALABAMA COLLEGE MONTEVALLO	1	1:000					1	1:000														
SOUTHERN RESEARCH INST BIRMINGHAM	3	53:025					3	53:025														
ALABAMA POLYTECHNIC INST AUBURN	9	90:681	2	19:746	1	9:648	2	28:656			2	17:965	2	14:738								
GEORGE WASHINGTON CARVER FOUND TUSKEGEE INST	3	19:984	1	2:500			2	17:984														
TOTAL	63	857:469	11	126:489	4	39:364	16	238:725	11	161:629	5	46:753	13	185:131			3	29:167				
ARIZONA																						
ARIZONA UNIVERSITY OF TUCSON	9	15:634	1	12:716							3	16:418					1	2:500				
ARIZONA STATE COLLEGE TEMPE	1	6:970					1	6:970														
ARIZONA STATE DEPT OF HEALTH PHOENIX	1	8:867									1	8:867										
TOTAL	7	31:481	1	12:716			1	6:970			4	27:448					1	2:500				
ARKANSAS																						
ARKANSAS UNIV OF	19	141:365	0	98:348	2	14:182					2	10:421	4	26:099	1	18:450	2	19:865				
TOTAL	19	141:365	0	98:348	2	14:182					2	10:421	4	26:099	1	18:450	2	19:865				
CALIFORNIA																						
LOS ANGELES STATE COLLEGE	2	4:842													1	3:000	1	1:842				
CALIFORNIA UNIV OF	276	4:234:522	43	360:004	46	716:767	43	703:573	4	48:967	40	616:189	51	715:267	18	166:612	28	610:964	1	24:999		
CEDARS OF LEBANON HOSP LOS ANGELES	18	229:813	1	29:946			4	35:105					9	141:340			2	22:422				
CHILDRENS HOSP SOCIETY OF LOS ANGELES	8	136:630	2	26:049	3	67:838	2	39:418					1	12:797								
FRESNO STATE COLLEGE FOUND FRESNO	1	500									1	500										
PASADENA FOUND FOR MEDICAL RESEARCH	1	3:450					1	3:450														
HIGHLAND ALAMEDA COUNTY HOSP OAKLAND	1	10:000											1	10:000								

LEGEND

NIAMD - NATIONAL INSTITUTE OF ARTHRITIS AND METABOLIC DISEASES
NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS
NCI - NATIONAL CANCER INSTITUTE
NIDR - NATIONAL INSTITUTE OF DENTAL RESEARCH
NIAID - NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES
NHI - NATIONAL HEART INSTITUTE
NMHI - NATIONAL INSTITUTE OF MENTAL HEALTH
DRG - DIVISION OF RESEARCH GRANTS (NONCATEGORICAL)
BSS - BUREAU OF STATE SERVICES
BMS - BUREAU OF MEDICAL SERVICES

NCI - NATIONAL CANCER INSTITUTE
NIDR - NATIONAL INSTITUTE OF DENTAL RESEARCH
NIMH - NATIONAL INSTITUTE OF MENTAL HEALTH
DRG - DIVISION OF RESEARCH GRANTS (MEDICAL/BIOLOGICAL)
BSE - BUREAU OF MEDICAL SERVICES

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER			
			NIAID	NIDR	NCI	NIDR	NIAID	NIG	NIMH	DRG	BSE	BSE
	NO.	AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT
CALIFORNIA (CONTINUED)												
COLLEGE OF MEDICAL EVANGELISTS	20	179,366	2 17,578	1 10,499	2 20,240	4 27,967	3 20,577	5 33,428		1 11,500	2 17,555	
STANFORD RESEARCH INST MENLO PARK	1	19,680									1 19,680	
MT ZION HOSP SAN FRANCISCO	11	183,617	1 19,436		3 27,190			6 68,413	1 23,336	1 19,000		
KAISER FOUNDATION OAKLAND	6	82,799					3 40,365		2 38,076	1 2,300		
JOHN TRACY CLINIC LOS ANGELES	1	19,623		1 19,623								
CALIFORNIA STATE DEPT OF MENTAL HYGIENE SACRAMENTO	3	68,388							3 68,388			
PHYSICIANS AND SURGEONS CTLL SAN FRANCISCO	4	19,683				4 19,683						
LOYOLA UNIV OF LOS ANGELES	1	3,426					1 3,426					
CALIFORNIA DEPT OF PUBLIC HEALTH	3	47,269					2 40,062	1 7,207				
SANTA CLARA UNIV OF SANTA CLARA	1	6,186					1 6,186					
SCRIPPS CLINIC AND RESEARCH FOUND LA JOLLA	3	30,479	2 21,856					1 8,623				
SOUTHERN CALIF UNIV OF LOS ANGELES	72	750,936	9 71,300	5 14,777	10 111,970	2 48,906	9 162,135	30 306,920	1 13,670	5 63,426	3 68,510	
STANFORD UNIV	74	1,057,270	10 74,556	3 33,869	23 322,232	1 2,390	6 64,861	15 163,722	6 168,964	6 57,523		
REISS DAVIS CLINIC FOR CHILD GUIDANCE LOS ANGELES	3	9,086							3 9,086			
CALIFORNIA INST OF TECHNOLOGY PASADENA	22	489,067		1 6,[illegible]	8 86,299		6 99,960	8 227,760		6 30,180		
L A COUNTY AIR POLLUTION CONTROL DISTRICT	1	6,141									1 6,141	
LAB FOR RESEARCH ON TREATMENT OF CANCER BOULDER CREEK	1	9,217			1 9,217							
TEMPLE HOSP LOS ANGELES	1	10,000						1 10,000				
PACIFIC STATE HOSP SPADRA	1	73,370							1 73,370			
SANTA BARBARA COTTAGE HOSPITAL	2	17,934			2 17,934							
L A OTOLOGICAL FOUND	1	19,681		1 19,681								
HUNTINGTON MEMORIAL HOSP PASADENA	1	9,499	1 9,499									
CITY OF HOPE MEDICAL CENTER DUARTE	9	149,873			8 136,973		1 12,900					
IMMACULATE HEART COLLEGE LOS ANGELES	1	7,700	1 7,700									
REES STEALY CLINIC RES FOUNDATION SAN DIEGO	1	5,000			1 5,000							
L A COUNTY HOSPITAL	6	30,999		2 [illegible]			1 1,667					
COLLEGE OF OSTEOPATHIC PHYS & SURG L A	6	29,762			1 10,373			4 17,229			1 2,160	
SONOMA STATE HOSP ELDRIDGE	1	2,160							1 2,160			
PALO ALTO MEDICAL RESEARCH FOUND	10	63,274		1 1,000	3 32,330		3 30,089	1 10,854	1 2,300	1 9,313		
REDLANDS UNIV OF REDLANDS	1	1,950						1 1,950				
CHILDRENS HOSP SAN FRANCISCO	2	77,976		1 42,000				1 16,736				
INDIVIDUAL GRANTS	2	11,820					1 2,060			1 9,820		
UNKNOWN GRANTS	9	37,000								9 37,000		
TOTAL	580	6,620,490	74 826,823	64 1,000,580	104 1,790,582	15 146,261	79 1,044,181	136 1,769,854	37 506,794	56 659,293	9 112,845	

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NEARD		NINDB		NCI		NIGMS		NAID		NIH		NIMH		NIMC		EES		DAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
COLORADO																						
COLORADO UNIV OF	59	$469,187	12	$87,974	6	$9,204	4	$9,984			12	$89,227	17	$70,189	8	$6,865	5	$7,884				
DENVER UNIV OF	2	$3,884	1	$1,000											1	$2,884						
MAT JEWISH HOSP DENVER	1	$1,000											1	$1,000								
CHILD RESEARCH COUNCIL DENVER	1	$7,000															1	$7,000				
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION	1	$6,000													1	$6,000						
GLOCUMER PENROSE HOSPITAL COLORADO SPRINGS	1	$,884									1	$,884										
COLORADO STATE UNIV FT COLLINS	4	$8,811	1	$2,000							3	$,111										
TOTAL	69	$61,794	12	$22,002	6	$9,204	4	$9,984			14	$20,994	18	$84,189	7	$8,881	4	$4,884				
CONNECTICUT																						
CONNECTICUT UNIV OF	14	$2,813			2	$4,000	4	$8,884			3	$4,414	1	$,370	4	$4,763						
CONNECTICUT COLLEGE NEW LONDON	1	$,000					1	$,000														
GRACE NEW HAVEN COMMUNITY HOSP NEW HAVEN	1	$,313									1	$,313										
INST OF LIVING HARTFORD	1	$,188													1	$,188						
NORWALK HOSP	2	$,708	2	$,708																		
ROTH LABORATORY FOR PHYSICAL RESEARCH HARTFORD	1	$,924			1	$,924																
YALE UNIV NEW HAVEN	118	$,813,859	19	$34,823	8	$78,732	23	$88,226	2	$4,746	14	$84,488	18	$20,848	26	$84,378	12	$87,919			1	$3,888
CONNECTICUT HOSP ASSN NEW HAVEN	1	$8,879																			1	$8,879
WESLEYAN UNIV MIDDLETOWN	1	$,874															1	$,874				
CONNECTICUT STATE DEPT OF HEALTH HARTFORD	1	$2,889													1	$2,889						
NEW ENGLAND INST FOR MEDICAL RESEARCH RIDGEFIELD	2	$8,258							1	$,888					1	$,888						
TOTAL	148	$,772,881	17	$68,229	11	$93,884	27	$87,788	3	$8,948	18	$88,812	19	$28,218	33	$88,382	13	$84,997			2	$8,879
DELAWARE																						
KENT GENERAL HOSP DOVER	1	$2,888											1	$2,888								
DELAWARE STATE HOSP FARNHURST	1	$8,888													1	$8,888						
AMER SOCIETY FOR STUDY OF ARTERIOSCLEROSIS	1	$,888											1	$,888								
TOTAL	3	$8,888											2	$7,888	1	$8,888						
DISTRICT OF COLUMBIA																						
AMER TYPE CULTURE COLLECTION	1	$3,788									1	$3,788										
FEDERATION OF AMER SOC FOR EXPERIMENTAL BIOLOGY	1	$2,888											1	$2,888								
CARNEGIE INST OF WASH	2	$1,837					1	$2,888									1	$,837				
CATHOLIC UNIV	2	$2,849													2	$,848	1	$,888				
RESEARCH FOUND OF CHILDRENS HOSP	2	$8,824									2	$8,824			1	$2,888						
GEORGETOWN UNIV	29	$22,867	2	$2,842	2	$8,774	4	$4,788	2	$1,787			24	$87,888			2	$7,824				
GEORGE WASHINGTON UNIV	27	$27,882	4	$3,888	2	$9,219	11	$27,844			2	$2,822	12	$42,888	2	$4,828	2	$2,888				
HOWARD UNIV	20	$4,871	2	$2,881			1	$,788	2	$4,881	1	$,887	4	$8,888	2	$2,888	2	$,888				

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER			
			NIAID		NIDR		NCI		NHLI		NIMH		NINDS		DRS		DRG	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
DISTRICT OF COLUMBIA (CONTINUED)																		
EPISCOPAL EYE EAR AND THROAT HOSP	3	16,986			2	9,286												
NAT ACADEMY OF SCIENCES NAT RESEARCH COUNCIL	19	366,946			1	29,987	3	31,464	1	7,486								
FAMILY AND CHILD SERVICES	1	29,867									2	17,266	4	125,186	1	70,150	2	76,713
MEED RESEARCH FOUND	2	16,817													1	29,867		
AMER PSYCHIATRIC ASSN	3	100,464											2	16,817				
MARY FRANCES GRIDLEY MEMORIAL FUND	1	7,500													3	100,464		
JOINT BLOOD COUNCIL INC	1	12,500					1	7,500										
APPLIED PSYCHOLOGY CORPORATION	1	2,219															1	12,500
AMER PHARMACEUTICAL ASSN	1	20,479			1	2,219												
TRINITY COLLEGE	1	1,982															1	20,479
SMITHSONIAN INSTITUTION	2	112,419											1	1,982				
CENTRAL DISPENSARY AND EMERGENCY HOSP	3	6,181					1	6,181										
CHAIRMAN GRANTS	1	1,000																
TOTAL	140	1,688,110	14	89,316	13	103,463	14	344,896	8	77,383	9	47,366	40	344,682	33	388,186	1	1,000
																	10	146,885
																	2	36,179
FLORIDA																		
FLORIDA STATE BOARD OF HEALTH	4	36,189									2	46,189						
FLORIDA UNIVERSITY OF GAINESVILLE	46	488,467	3	22,496	1	14,492	9	90,228	2	9,430	11	130,942	1	10,000				
MIAMI UNIV OF CORAL GABLES	26	256,481	2	12,250			9	101,963			7	62,339	4	52,816			13	144,317
BAPTIST MEMORIAL HOSPITAL JACKSONVILLE	3	23,496					3	23,496					3	36,496	1	11,500	1	20,215
YERKES LABS PRIMATE BIOLOGY ORANGE PARK	1	52,496															2	13,489
FLORIDA STATE BOARD OF CONSERVATION TALLAHASSEE	1	4,250													1	22,496		
MT SINAI HOSP OF GREATER MIAMI	2	14,981									1	4,259						
NAT CHILDRENS CARDIAC HOSP MIAMI	2	29,981											2	14,981				
FLORIDA SOUTHERN COLLEGE LAKELAND	1	2,250					1	2,250					2	21,491				
HOWARD HUGHES MEDICAL INST MIAMI BEACH	1	2,727											1	2,250				
FLORIDA STATE UNIV TALLAHASSEE	12	61,470											1	2,727				
INDIVIDUAL GRANTS	2	16,996	2	21,496	2	21,496	2	18,017			2	7,960					2	16,446
TOTAL	104	992,199	1	10,496	1	10,496											1	250
			9	70,370	4	81,276	26	293,271	2	11,730	23	221,496	17	346,939	2	43,446	21	175,896
GEORGIA																		
GEORGIA STATE DEPARTMENT OF PUBLIC HEALTH	1	17,250																
EMORY UNIV	46	510,463	9	78,446	5	55,389	6	58,469	5	36,259	9	69,233	12	196,299	2	58,261	2	47,467
GEORGIA INSTITUTE OF TECHNOLOGY ATLANTA	9	71,469			1	6,250	1	7,972			3	23,126			1	1,060	3	20,160
GEORGIA MEDICAL COLL OF AUGUSTA	22	330,916	3	46,283	1	9,160	3	22,990			3	30,262	9	137,886			2	17,286
GEORGIA UNIV OF ATHENS	6	87,526	1	18,289			1	4,469			2	22,963						
SPELMAN COLLEGE ATLANTA	1	4,789									1	4,789						
GEORGIA STATE COLLEGE OF BUSINESS ADMINISTRATION	1	16,186																
TOTAL	86	877,469	13	128,748	7	69,748	11	94,060	5	36,259	17	150,193	21	334,240	3	59,321	1	16,250
																	0	111,043
																	1	17,250

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAID		NIADDK		NCI		NHLBI		NIMH		NINDS		DRG		BSS		BAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
IDAHO																				
STATE HOSP SOUTH BLACKFOOT	1	17,940											1	17,940						
IDAHO UNIV MOSCOW	1	1,299							1	1,299										
TOTAL	2	19,239							1	1,299			1	17,940						
ILLINOIS																				
INST FOR PSYCHOANALYSIS CHICAGO	3	49,762											3	49,762						
CHICAGO UNIV OF	98	1,418,478	8	90,899	14	162,950	11	184,704	6	67,084	10	180,323	16	188,864	14	329,171	10	98,888	1	17,997
AMER HEAT INST FOUND CHICAGO	2	10,923	1	3,923							1	6,980								
CHILDRENS MEM HOSP CHICAGO	1	13,223											1	13,223						
ELGIN STATE HOSP ELGIN	1	27,888	1	27,888																
MENTOEN INST FOR MEDICAL RES OF THE COOK CO HOSP	3	43,898	2	27,481			1	36,217			1	5,980								
ILLINOIS UNIV OF	167	1,942,661	7	68,909	10	159,981	17	239,113	9	111,122	22	167,922	18	207,794	13	149,906	11	97,934		
MT SINAI HOSPITAL CHICAGO	1	6,978									1	6,978								
LOYOLA UNIV CHICAGO	12	81,482	1	7,779	2	14,006			4	21,467			2	22,614			3	15,680		
MICHAEL REESE HOSP CHICAGO	19	286,299	9	99,883	1	9,000	2	19,298					3	122,596	2	35,590				
NORTHWESTERN UNIV	72	829,791	3	16,027	10	176,074	7	77,982	14	188,287	8	72,879	17	267,614	3	43,067	4	60,121		
CHICAGO ACADEMY OF SCIENCES	1	13,697									1	13,697								
RHEUMATIC FEVER RESEARCH INSTITUTE CHICAGO	5	81,829									3	39,824	2	42,205						
ASSN OF UNIVERSITY PROGRAMS IN HOSP ADMINISTRATION	1	64,500																	1	64,500
CHICAGO MEDICAL SCHOOL	23	173,878	6	38,996			9	69,775			3	25,655	6	29,813	1	14,189				
SUBURBAN COOK COUNTY T B HOSP SANITARIUM HINSDALE	1	19,973									1	19,973								
SOC OF GENERAL PHYSIOLOGISTS EVANSTON	2	11,000											2	11,000						
ILLINOIS INST OF TECHNOLOGY CHICAGO	6	34,777					3	23,423			3	11,654	1	10,649			1	9,829		
SOUTHERN ILLINOIS UNIV CARBONDALE	6	51,948					2	18,674							2	23,916	2	9,798		
LA RABIDA JACKSON PARK SANITARIUM CHICAGO	2	19,412											2	19,412						
ILLINOIS WESLEYAN UNIV BLOOMINGTON	1	14,680							1	14,680										
AMER DENTAL ASSN CHICAGO	3	63,300							3	63,300										
SIXTH INTERNAT CONGRESS OF OTOLARYNGOLOGY CHICAGO	1	30,000			1	30,000														
CHICAGO AREA PROJECT	1	10,000													1	10,000				
ROOSEVELT UNIV CHICAGO	1	6,900															1	6,900		
PRESBYTERIAN-ST LUKES HOSP CHICAGO	18	270,692	1	22,898			3	106,807			1	6,900	4	124,421			1	11,170		
NAT OPINION RESEARCH CENTER CHICAGO	1	13,865							1	13,865										
AMER MEDF ASSN CHICAGO	4	710,600											1	575,000					3	143,655
CHAIRMAN GRANTS	3	14,000															3	14,000		
TOTAL	389	8,677,006	56	600,139	43	572,731	86	788,737	40	427,879	89	899,883	77	1,703,988	39	677,595	36	320,893	1	17,997	4	207,955

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAAID		NIDDK		NCI		NHLBI		NIAMD		NINDS		NIMH		DRG		655		645	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
INDIANA																						
INDIANA UNIV	11	116+831			1	0+165	2	25+525	1	0+577			5	64+934	1	9+280	1	1+926				
INDIANA UNIV FOUND RESEARCH DIV	28	178+340	1	8+990	9	93+236	5	21+804	6	52+216	2	20+321	2	11+898	2	4+485	1	6+670				
NOTRE DAME UNIV OF	7	117+704	1	29+814					1	49+890	1	19+750	4	18+241								
PURDUE UNIV LAFAYETTE	1	11+900									1	11+500										
PURDUE RESEARCH FOUND LAFAYETTE	14	187+883	2	23+857	2	9+936	3	19+166			6	43+329					1	18+465				
ST MARYS HOSP EVANSVILLE	1	20+700																			1	20+700
EVANSVILLE PUBLIC SCHOOLS EVANSVILLE	1	2+200															1	2+200				
INST FOR SEX RESEARCH INC BLOOMINGTON	1	48+256													1	48+256						
WABASH COLLEGE CRAWFORDSVILLE	2	18+289									1	6+790					1	8+412				
INDIVIDUAL GRANTS	1	2+200													1	2+200						
TOTAL	67	616+757	4	63+461	12	71+337	6	66+495	10	107+468	11	101+879	11	93+895	9	64+271	5	37+376			1	20+700
IOWA																						
IOWA STATE UNIV OF IOWA CITY	39	648+708	11	131+506	10	131+767	6	51+576	7	80+804	6	41+869	5	54+289	5	43+951	9	159+676				
IOWA STATE COLLEGE AMES	10	239+193	1	9+430	1	10+449	4	23+985			3	48+867	1	18+793	1	11+527	3	126+242				
DES MOINES STILL COLLEGE OF OSTEOPATHY AND SURGERY	2	18+965											2	18+965								
COE COLLEGE CEDAR RAPIDS	1	1+955					1	1+955														
INDIVIDUAL GRANTS	1	20+000			1	20+000																
TOTAL	61	919+821	12	140+936	12	162+216	11	78+516	7	80+804	11	91+636	8	62+117	6	55+478	14	276+118				
KANSAS																						
KANSAS UNIV OF MEDICAL CENTER	70	482+389	3	31+289	11	68+181	9	146+238	1	10+850	14	59+823	17	138+331	8	110+644	3	28+929				
MENNINGER FOUNDATION TOPEKA	4	96+649													4	96+649						
KANSAS STATE COL MANHATTAN	10	66+684					1	9+129	1	4+110	3	32+654			2	4+987	3	19+604				
H L SNYDER MEMORIAL RESEARCH FOUND WINFIELD	1	6+721			1	6+721																
TOPEKA STATE HOSPITAL TOPEKA	1	6+700													1	6+700						
INSTITUTIONAL GRANTS	2	16+000															2	16+000				
TOTAL	88	844+743	3	31+289	12	91+902	10	155+367	2	14+160	17	128+177	17	138+331	15	234+980	10	64+533				
KENTUCKY																						
BELLARMINE COLLEGE LOUISVILLE	1	2+252									1	2+252										
KENTUCKY RESEARCH FOUND LEXINGTON	3	29+139			2	13+167							1	15+972								
LOUISVILLE UNIV OF	34	317+790	3	54+993			3	41+095	2	20+343	3	31+571	15	167+695			4	54+863				
GOOD SAMARITAN HOSP LEXINGTON	1	9+689	1	9+689																		
INDIVIDUAL GRANTS	1	1+812													1	1+812						
TOTAL	40	360+462	4	64+682	2	13+167	3	41+095	2	20+343	4	33+824	16	183+667	1	1+812	4	54+863				

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAAID		NIAMDD		NCI		NIDR		NIAID		NIH		NIAAA		DRG		BSS		BAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
LOUISIANA																						
LOUISIANA STATE UNIV	33	371,220	3	11,220	3	42,919					6	79,187	19	199,513	2	8,548			1	29,358	1	8,510
SOUTHWESTERN LOUISIANA INST LAFAYETTE	1	6,131									1	6,131										
SOUTHEAST LOUISIANA HOSP MANDEVILLE	1	24,450			1	24,450																
TULANE UNIV NEW ORLEANS	54	667,471	4	68,997	6	46,855	9	90,917			13	147,309	17	238,933	2	36,131	3	28,334				
NORTHWESTERN STATE COLLEGE NATCHITOCHES	1	5,292															1	5,292				
SOUTHERN EYE BANK NEW ORLEANS	1	19,222			1	19,222																
NORTHEAST LOUISIANA STATE COLLEGE MONROE	1	2,000									1	2,000										
AMER GASTROENTEROLOGICAL ASSN NEW ORLEANS	1	10,000	1	10,000																		
ALTON OCHSNER MEDICAL FOUND NEW ORLEANS	2	36,673	1	10,644			1	23,829														
CHARITY HOSP NEW ORLEANS	1	37,266									1	37,266										
CHAIRMAN GRANTS	4	31,000															4	31,000				
TOTAL	100	1,210,887	9	100,865	13	133,446	10	114,746			22	291,091	32	434,446	4	44,674	8	88,626	1	29,358	1	8,510
MAINE																						
R B JACKSON MEMORIAL LABORATORY BAR HARBOR	27	612,661			4	24,178	18	513,236							1	11,990	4	61,257				
MAINE UNIVERSITY OF ORONO	2	6,634									1	6,389	1	2,245								
COLBY COLL WATERVILLE	1	8,442									1	8,442										
MAINE MEDICAL CENTER PORTLAND	1	12,827											1	12,827								
EASTERN MAINE GENERAL HOSP BANGOR	1	11,097					1	11,097														
TOTAL	32	653,661			4	24,178	19	524,333			2	14,831	2	15,072	1	11,990	4	61,257				
MARYLAND																						
BALTIMORE CITY HOSPITALS	5	68,577			1	2,500	1	22,685					3	44,242								
JOHNS HOPKINS UNIV BALTIMORE	127	2,167,629	14	150,469	18	498,361	17	276,632			16	218,988	38	841,093	4	95,436	10	333,115				
MARYLAND UNIV OF	39	778,858	2	8,399	8	108,867	2	53,217	1	3,484	9	59,798	9	109,611	3	33,460	3	12,189				
SINAI HOSP OF BALTIMORE	9	194,813	4	38,385			2	99,460					2	14,258			1	22,000				
CHILDRENS HOSP SCHOOL INC BALTIMORE	1	21,565					1	21,565														
MICROBIOLOGICAL RESEARCH FOUND BETHESDA	1	24,612					1	24,612														
RIAS INC BALTIMORE	1	23,000					1	23,000														
COLLEGE OF NOTRE DAME OF MARYLAND BALTIMORE	1	2,500											1	2,500								
GOUCHER COLLEGE BALTIMORE	1	4,500															1	4,500				
INDIVIDUAL GRANTS	2	10,625													1	2,000	1	8,625				
CHAIRMAN GRANTS	1	19,000											1	19,000								
TOTAL	186	3,472,619	20	217,399	27	669,228	25	532,461	1	3,484	28	366,578	54	762,304	12	130,896	24	380,429				

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER			
			NIAID		NIDDK		NCI		NIGMS		NHLI		NIMH		NINDS		DRG	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MASSACHUSETTS																		
EMMANUEL COLLEGE BOSTON	1	$4,580					1	$4,580										
AMHERST COLLEGE AMHERST	8	64,716	1	11,979			7	60,682			1	7,280						
BOSTON DISPENSARY	5	52,521	2	22,536	1	10,130							1	19,855				
BOSTON UNIV	44	984,158	3	28,477	2	33,748	20	284,177	1	12,716	2	30,887	8	48,877	4	98,888	4	30,388
CLARK UNIV WORCESTER	10	169,469	2	26,891	1	2,262	1	19,813							2	109,164	1	12,977
WALTER E FERNALD STATE SCHOOL WAVERLY	1	12,887			1	12,887												
BOSTON LYING IN HOSP	4	259,286			1	257,892	1	2,893					1	11,445			1	4,250
HARVARD UNIV	213	3,452,167	20	792,259	10	153,491	39	674,349	11	125,682	20	224,854	30	1,291,294	29	203,682	20	247,976
MARINE BIOLOGICAL LAB WOODS HOLE	6	79,218	3	9,888	2	6,230					1	13,211	1	8,748			1	40,880
MEDICAL MSDP WORCESTER	2	21,672											2	21,672				
MASS GENERAL HOSPITAL BOSTON	68	1,868,687	10	216,841	16	261,867	17	272,794			2	69,989	6	122,234	3	77,881	6	91,929
MASS INST TECH CAMBRIDGE	18	333,128	2	36,218	2	68,143	7	78,288			2	93,688	2	83,382	1	2,888	2	188,227
MASS MEMORIAL HOSPITALS BOSTON	8	168,142	1	7,986			1	12,989					4	88,197				
ARTHUR D LITTLE INC CAMBRIDGE	1	12,987					1	12,987										
CHILDRENS MEDICAL CENTER BOSTON	23	1,198,223	1	4,259	4	67,176	7	924,988			1	17,952	6	99,194	3	64,883	1	21,292
NEW ENGLAND DEACONESS HOSPITAL BOSTON	6	78,988	2	22,884	1	18,988	2	29,894										
DOUGLAS A THOM CLINIC FOR CHILDREN BOSTON	1	14,818													1	14,818		
FINCENT MEMORIAL HOSP BOSTON	4	42,984	1	11,129			1	14,429									2	17,426
ST ELIZABETH HOSPITAL BOSTON	2	22,188											2	22,188				
BOSTON CITY HOSP	1	6,962					1	6,962										
NEW ENGLAND MED CENTER BOSTON	16	288,878	4	89,482			8	99,267					8	96,888			1	18,444
J J PUTNAM CHILDRENS CENTER ROXBURY	1	48,881													1	48,881		
PROTEIN FOUND INC CAMBRIDGE	2	78,948											2	78,948				
BETH ISRAEL HOSP BOSTON	7	134,484					1	12,288	2	24,287			2	2,888	2	47,879			1	18,888
WORCESTER FOUNDATION EXPERIMENTAL	18	322,482	2	29,897	1	12,928	8	238,867					1	21,998	2	37,818	3	82,488
BRANDEIS UNIV WALTHAM	6	98,823					4	87,488			1	9,888	1	8,191			2	17,488
ANGELL MEMORIAL ANIMAL HOSP OF MASS S P C A BOSTON	1	8,888									1	8,888						
WORCESTER CITY HOSP	1	9,842											1	9,842				
JOINT COMMISSION ON MENTAL ILLNESS AND HEALTH INC	1	20,888													1	20,888		
TUFTS UNIV	38	868,238	2	24,231	3	22,878	9	117,888	16	262,294	1	24,188	12	287,881	1	9,888	7	67,488
MASS DEPT OF MENTAL HEALTH BOSTON	1	21,226													1	21,226		
RIDGE AUSTEN CENTER INC STOCKBRIDGE	1	12,867													1	12,867		
PETER BENT BRIGHAM HOSP BOSTON	6	148,888			1	18,238	1	12,782			1	42,776	2	32,486					1	38,278
FORSYTH DENTAL INFIRMARY FOR CHILDREN BOSTON	2	44,628							2	44,628								
UNITED COMMUNITY SERV METROPOLITAN BOSTON	2	161,261															1	64,264	1	97,242
WELLESLEY COLLEGE	2	18,178					1	10,188							1	8,888		
AGE CENTER OF NEW ENGLAND INC BOSTON	1	28,861													1	28,861		
MASS MENTAL HEALTH CENTER BOSTON	7	78,148			1	6,986									6	42,896	2	28,814
RED ACRE FARM INC HAYWARD	1	8,272							1	8,272								
BLOOD GROUPING LAB BOSTON	1	2,888											1	2,888				
SMITH COL NORTHAMPTON	1	18,888															1	18,888

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAID		NIADDK		NCI		NIDR		NIAID		NIH		NIAMD		DRG		BSI		EHS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MASSACHUSETS (CONTINUED)																						
MASS UNIVERSITY OF AMHERST	12	79,988	1	9,498																		
FREE HOSPITAL FOR WOMEN BROOKLINE	2	9,862									7	67,231	1	7,767	2	15,286	1	2,256				
MT HOLYOKE COLLEGE SOUTH HADLEY	2	8,423					1	5,257									1	4,423				
MALLORY INST OF PATHOLOGY BOSTON	1	9,966	1	9,966	2	2,879	1	3,368														
MASS EYE AND EAR INFIRMARY BOSTON	12	262,663	1	19,699	9	228,356	1	2,300			1	12,436										
INDIVIDUAL GRANTS	7	148,988	2	24,258	2	28,289	1	29,000					2	29,000			1	6,000				
CHAIRMAN GRANTS	18	981,888					8	217,500					2	7,500	3	60,000	5	36,000				
TOTAL	428	18,772,178	76	954,164	60	1,118,980	181	3,894,614	32	341,839	45	581,334	181	2,358,683	66	1,281,277	69	920,287	1	14,378	9	160,612
MICHIGAN																						
WOMENS HOSP DETROIT	1	848																				
CHILD RESEARCH CEN OF MICHIGAN DETROIT	2	89,266															1	848				
MICHIGAN STATE DEPT OF HEALTH LANSING	2	46,000					1	23,338			1	23,617	1	17,917								
MICHIGAN STATE UNIV EAST LANSING	10	233,678	1	2,500			4	29,933	2	73,227	2	33,963	2	16,666								
MICHIGAN UNIV OF ANN ARBOR	84	1,578,816	11	164,001	10	116,491	13	314,163	3	42,710	3	31,914					6	86,702				
SAGINAW COUNTY DEPT OF HEALTH	1	36,986									14	178,268	10	108,476	12	122,845	7	124,068			2	47,857
WAYNE COUNTY GENERAL HOSPITAL ELOISE	1	2,000									1	30,906										
WAYNE STATE UNIV DETROIT	46	667,310	10	108,681	6	90,650	6	81,908					1	2,000								
DETROIT INST OF CANCER RES	8	113,888					7	109,877			7	38,912	9	107,395	2	38,846	6	52,918				
DETROIT UNIV OF	1	2,699															1	4,781				
AMER GASTROENTEROLOGICAL ASSN ANN ARBOR	1	8,000							1	2,693												
MERRILL PALMER SCHOOL	3	14,021	1	9,334			1	8,000														
CRANBROOK INST OF SCIENCE BLOOMFIELD HILLS	1	2,078													2	8,697						
KRESGE EYE INSTITUTE DETROIT	1	17,681			1	17,681									1	2,078						
HENRY FORD HOSP DETROIT	9	127,699	1	13,988	4	36,836	2	32,978	1	28,193			1	16,678								
INDIVIDUAL GRANTS	1	2,123													1	2,123						
CHAIRMAN GRANTS	3	31,000													1	19,000	2	12,000				
TOTAL	185	2,538,286	24	268,504	21	227,447	34	661,186	9	146,822	29	336,757	24	342,829	19	281,585	23	285,799			2	47,857
MINNESOTA																						
CAMBRIDGE STATE HOSP CAMBRIDGE	1	9,826	1	9,826																		
AMER ACAD OPHTH AND OTOLARYN ROCHESTER	2	94,856			2	94,856																
MINNESOTA UNIV OF	138	2,821,832	12	167,926	10	410,839	16	294,822	7	84,482	12	111,586	48	660,478	7	124,854	17	253,888	1	21,849		
MINNEAPOLIS WAR MEMORIAL BLOOD BANK	1	9,837			1	9,837																
MT SINAI HOSP	1	134,185											1	11,365								
MINNESOTA DEPT OF HEALTH	3	67,782							1	2,387	1	12,729									1	32,726
ST BARNABAS HOSP MINNEAPOLIS	1	32,967					1	32,967														
TOTAL	146	2,346,745	13	177,752	13	514,532	17	378,972	8	86,869	13	124,314	49	670,843	7	124,854	17	253,888	1	21,849	1	32,726

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAID		NIMDS		NCI		NHDR		NIAID		NIH		NIMH		DRG		GSS		GHS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MISSISSIPPI																						
MISSISSIPPI STATE COLL STATE COLLEGE	2	20,961															1	4,482			1	16,480
MISSISSIPPI UNIV OF	19	217,723	2	7,170	3	23,706	2	30,292			1	9,079	9	103,513			2	35,929				
TOTAL	21	238,709	2	7,170	3	23,706	2	30,292			1	9,079	9	103,513			3	40,407			1	16,500
MISSOURI																						
MIDWEST RES INST KANSAS CITY	2	22,810					2	22,810														
KIRKSVILLE COL OF OSTEOPATHY AND SURGERY	1	15,288											1	15,288								
INTERNAT ASSN OF GERONTOLOGY ST LOUIS	4	39,000											3	29,000	1	10,000						
JEWISH HOSPITAL ST LOUIS	6	50,259					1	8,169					4	33,522	1	11,672						
MISSOURI UNIV OF COLUMBIA	13	138,165	4	30,459							1	4,000	3	19,123	1	34,043	4	42,762				
WESTMINSTER COLLEGE FULTON	1	1,811															1	1,811				
PARK COLLEGE PARKVILLE	1	4,990									1	4,990										
ST LOUIS UNIV	14	173,702	2	27,892	2	23,817	1	11,900			3	73,839	3	6,239							1	31,215
WASHINGTON UNIV ST LOUIS	111	1,238,498	16	126,176	10	221,115	15	186,763	4	28,417	8	141,643	23	340,162	7	82,452	10	98,772				
KANSAS CITY UNIV OF	3	48,298							3	48,298											1	9,900
CATHOLIC HOSP ASSN OF UNITED STATES AND CANADA	1	9,900																				
ST LOUIS CO DEPT PUBLIC HEALTH CLAYTON	2	46,704													2	46,704						
COMMUNITY STUDIES INC KANSAS CITY	3	230,556													1	13,000	3	151,701			1	64,975
CENTRAL INST FOR THE DEAF ST LOUIS	2	36,583			2	36,583																
GERONTOLOGICAL SOCIETY INC ST LOUIS	2	14,046											2	14,046								
CHAIRMAN GRANTS	2	15,000															2	15,000				
TOTAL	172	2,096,334	22	186,179	22	270,715	19	217,714	9	99,700	13	229,613	49	668,201	13	199,671	20	309,326			3	124,130
MONTANA																						
HELTER RESEARCH FOUND INC HELENA	1	22,901											1	22,901								
WESTERN FOUND FOR CLINICAL RESEARCH GREAT FALLS	1	7,700					1	7,700														
MONTANA STATE COLLEGE BOZEMAN	2	9,924	1	9,324							1	4,000										
TOTAL	4	40,525	1	9,324			1	7,700			1	4,000	1	22,901								
NEBRASKA																						
CREIGHTON UNIV OMAHA	8	48,336	2	2,857	2	12,469	1	8,482					3	23,910								
NEBRASKA UNIV OF	28	178,180	1	2,169	2	3,733	4	34,444	3	17,932	7	34,986	7	46,932	4	11,968						
TOTAL	36	226,516	3	5,026	4	16,202	5	42,926	3	17,932	7	34,986	10	70,842	4	11,968						
NEVADA																						
NEVADA STATE DEPT OF HEALTH CARSON CITY	1	2,000													1	2,000						
TOTAL	1	2,000													1	2,000						

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			GRANT		RESID		NCI		NHDR		NGMS		NIH		NIMH		NIDR		DRG		DRG	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NEW HAMPSHIRE																						
NEW HAMPSHIRE STATE HOSP CONCORD	1	10,000													1	10,000						
DARTMOUTH COL HANOVER	8	126,951			1	7,000							6	112,000			1	6,404				
MITCHNECK FOUND HANOVER	3	38,663	1	16,996	1	13,000					1	8,667										
MONADNOCK RESEARCH INST INC ANTRIM	1	12,267					1	12,267														
NEW HAMPSHIRE UNIV OF DURHAM	6	20,000									1	6,791	2	9,000			1	6,396				
TOTAL	17	227,880	1	16,996	2	21,000	1	12,267			2	19,258	8	121,000	1	10,000	2	12,780				
NEW JERSEY																						
BETH ISRAEL HOSP NEWARK	1	2,000					1	2,000														
NEW JERSEY NEURO PSYCHIATRIC INST PRINCETON	1	11,000											1	11,000								
RUTGERS UNIV	29	250,007	1	9,906			5	62,345	1	9,675	11	86,276			1	14,575	10	58,230				
TRAINING SCHOOL AT VINELAND	1	23,312													1	23,312						
OVERLOOK HOSP SUMMIT	1	20,021											1	20,021								
PRO> UNIV PRINCETON	1	4,025															1	4,025				
VINELAND STATE SCHOOL	1	12,729													1	12,729						
SETON HALL UNIV	6	59,491			3	29,199	2	11,292	1	13,000												
NEW JERSEY DEPT OF CONSERVATION AND ECONOMIC DEVELOPMENT	1	16,016									1	16,016										
FAIRLEIGH DICKINSON UNIV	1	9,257							1	9,257												
PRINCETON UNIV	9	77,540			1	8,000	4	32,000							3	12,500	1	4,197				
CHAIRMAN GRANTS	1	10,000															1	10,000				
TOTAL	53	648,780	1	9,906	4	37,199	12	107,344	3	27,932	12	102,192	2	31,021	6	63,016	15	76,452				
NEW MEXICO																						
LOVELACE FOUND FOR MEDICAL EDUC AND RES ALBUQUERQUE	3	40,744					1	13,452			1	8,821	2	20,610			1	12,291				
NEW MEXICO HIGHLANDS UNIV LAS VEGAS	3	27,699	1	7,677			2	16,478							1	3,132						
NEW MEXICO UNIV OF ALBUQUERQUE	3	9,881	1	8,000			2	6,781														
INDIVIDUAL GRANTS	1	1,613															1	1,613				
TOTAL	10	87,941	2	15,177			5	36,711			1	8,821	2	20,610	1	3,132	2	13,904				
NEW YORK																						
UNION COLLEGE AND UNIV	27	220,840	6	46,831	3	9,798	9	67,388			1	8,000	0	68,809			2	19,109				
MARY IMMACULATE SOCIETY HOSP COMPREHEND	3	27,221			1	9,000	1	9,871					1	8,000								
AMER HEART ASSN NEW YORK CITY	2	28,675											2	28,675								
AMER PUBLIC HEALTH ASSN NEW YORK CITY	2	62,457											1	4,822			1	57,635				
JEWISH HOSP OF BROOKLYN	2	30,206	1	12,807					1	10,239												
INTERNAT SOC FOR THE WELFARE OF CRIPPLES NY	1	8,000	1	8,000																		
LONG ISLAND BIOLOGICAL ASSOC COLD SPRING HAR	2	22,167					1	8,179			1	13,813										
BUFFALO UNIV OF	20	288,289	3	13,984	6	39,828	9	98,651			9	68,842	12	137,000	1	8,830	2	12,867				
N Y ZOOLOGICAL SOCIETY N Y C	2	34,148					1	12,748									1	19,400				
COLUMBIA UNIV N Y C	140	2,009,697	29	273,796	28	402,384	36	874,095	5	34,979	17	199,809	32	536,423	6	79,849	10	288,460			1	80,000
CORNELL UNIV	102	1,410,880	10	108,482	9	146,249	9	117,737			16	282,823	22	568,611	6	115,874	16	484,899				

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAMD		NINDB		NCI		NIDR		NIAID		NIH		NIMH		DRG		DSS		DAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NEW YORK (CONTINUED)																						
N Y EYE AND EAR INFIRMARY N Y C	1	11,887			1	11,887																
[redacted]	2	23,920	2	23,920																		
CHILDRENS HOSP BUFFALO	2	19,277									1	11,902	1	7,475								
QUEENS COLLEGE NEW YORK CITY	2	17,068			1	2,300											1	14,768				
FORDHAM UNIV NEW YORK CITY	3	44,284					3	24,529							1	9,827	1	10,468				
[redacted]	1	3,500											1	3,500								
HASKINS LABORATORIES INC N Y C	4	58,217			1	22,462					1	7,429	1	13,988			1	14,317				
HOSP FOR SPECIAL SURGERY N Y C	1	18,418	1	18,418																		
LONG ISLAND JEWISH HOSP NEW HYDE PARK	7	72,695	2	27,681	1	8,424	2	15,319			1	13,000					1	8,231				
HOSP FOR JOINT DISEASES N Y C	2	8,501					1	1,900			1	6,601										
LEBANON HOSP NEW YORK CITY	1	6,000															1	6,000				
ADELPHI COLLEGE GARDEN CITY LONG ISLAND	3	11,498											1	1,200	2	10,298						
ST MARYS HOSP ROCHESTER	2	8,765					2	8,765														
LENOX HILL HOSP NYC	2	22,268			2	22,268																
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK	65	579,666	9	61,183	9	52,436	10	90,601			8	101,164	20	192,739	3	35,878	4	46,083				
INSTITUTE FOR MUSCLE RESEARCH N Y N Y	2	66,869											2	66,869								
COMMUNITY COUNCIL OF GREATER NEW YORK NY NY	3	66,116															3	66,116				
SLOAN KETTERING INST FOR CANCER RES NYC	48	1,921,629					41	1,799,547					3	87,280	2	34,802						
BETH EL HOSPITAL BROOKLYN N Y	3	27,369									1	6,457	2	10,912								
MONTEFIORE HOSP NEW YORK CITY	13	167,929	6	46,185			3	63,230	1	11,902			3	46,617								
MT SINAI HOSP NEW YORK CITY	32	392,823	9	73,786	4	46,758	4	36,799			2	27,299	9	106,968	1	13,364	3	25,957				
NAT LEAGUE FOR NURSING N Y C	1	13,000															1	13,000				
N Y MEDICAL COLLEGE N Y C	13	136,971	3	34,186	1	12,498	2	10,792			1	9,980	4	48,136			2	7,184				
ROCHESTER GENERAL HOSP N Y	1	1,498	1	1,498																		
N Y STATE DEPT OF HEALTH	4	12,188									1	2,168	3	10,020								
VETERANS ADMIN MENTAL HEALTH CLINIC BUFFALO	1	20,700													1	20,700						
N Y UNIVERSITY N Y C	181	1,736,355	20	283,529	8	110,446	22	279,926	17	167,883	12	189,177	23	464,190	6	88,906	14	101,268	1	29,251		
YESHIVA UNIV N Y C	43	527,836	3	42,933	7	100,916	8	88,438			1	6,990	21	199,928	4	64,675	6	23,776				
JEWISH CHRONIC DISEASE HOSP BROOKLYN N Y	2	9,737			1	7,487							1	2,250								
LEONARD WOOD MEMORIAL NEW YORK CITY	2	71,613									2	71,613										
AMER FOUND FOR TROPICAL MEDICINE INC NYC	1	23,938									1	23,938										
RENSSELAER POLYTECHNIC INST TROY	1	3,067					1	3,067														
ROCHESTER UNIV OF	68	780,067	12	123,038	10	88,513	13	206,126	3	31,129	8	87,462	9	103,434	7	120,443	3	33,920				
POSD RESEARCH LAB INC LONG ISLAND CITY	1	6,867	1	6,867																		
ST LUKES HOSP NEW YORK CITY	9	84,668	2	12,873			1	6,670	1	3,298			2	26,223	2	25,468	1	9,940				
ST VINCENTS HOSP N Y CITY	1	16,000																			1	16,000
SYRACUSE UNIV	14	134,981			4	33,448					4	19,441	2	17,298	2	23,832	2	23,112				
N Y SOCIETY OF ELECTRON MICROSCOPISTS N Y C	1	4,000					1	4,000														
NAT ASSN FOR RETARDED CHILDREN INC N Y C	2	6,387			1	3,193									1	3,194						

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NEAID		NIMHD		NCI		NEIDR		NHLBI		NIAID		NIAMD		DRG		BRS		DAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NEW YORK (CONTINUED)																				
HEALTH INSURANCE PLAN OF GREATER NEW YORK	1	5,000																	1	5,000
TRUDEAU SARANAC INST INC TRUDEAU	1	31,136									1	31,136								
AMER NURSES FOUND INC N Y C	1	30,000															1	30,000		
UNITED HOSP FUND OF NEW YORK N Y	1	61,709																	1	61,709
RES FOUNDATION FOR MENTAL HYGIENE INC	19	279,934			3	46,986							1	6,814	11	219,794				
ST JOHNS UNIV BROOKLYN	2	12,067									2	12,067								
N Y ACADEMY OF SCIENCES N Y C	1	19,000					1	19,000												
JOINT COMMISSION ON MENTAL ILLNESS AND HEALTH N Y C	1	300,000													1	300,000				
NAT HEALTH COUNCIL N Y C	2	29,000													1	20,000	1	9,000		
AMER CANCER SOCIETY N Y C	1	5,000											1	5,000						
MORRISANIA CITY HOSP BRONX N Y	1	1,170															1	1,170		
COUNCIL OF JEWISH FEDERATIONS AND WELFARE FUNDS N Y C	1	64,574																	1	64,574
INST OF PHY MED AND REHABILITATION N Y C	1	28,859			1	28,859														
LEMPERT INST OF OTOLOGY N Y C	1	15,000			1	15,000														
ROCKEFELLER INST FOR MEDICAL RESEARCH N Y C	23	280,738	3	39,646	2	24,892	6	79,773			5	86,906	2	50,657	1	4,775	2	27,894		
ROCKLAND STATE HOSP ORANGEBURG N Y	3	17,863													3	17,863				
MICROCIRCULATORY CONFERENCE INC N Y C	1	3,050											1	3,050						
ROCHESTER STREPTOCOCCAL RESEARCH FUND ROCHESTER N Y	1	2,300											1	2,300						
N Y THE CITY COLLEGE OF N Y C	2	33,269													2	33,269				
SEA VIEW HOSP N Y C	1	2,300											1	2,300						
ROSWELL PARK MEM INST	30	328,334	1	10,128	1	14,928	16	272,343					2	28,919						
BROOKLYN HOSP BROOKLYN N Y	1	4,784											1	4,784						
HOME FOR AGED AND INFIRM HEBREWS N Y C	1	16,182			1	16,182														
FOUNTAIN HOUSE FOUND INC N Y C	1	2,000													1	2,000				
ST BONAVENTURE COLLEGE ST BONAVENTURE	1	3,350					1	3,350												
MANHATTAN COLLEGE N Y CITY	2	10,474									1	790					1	9,684		
RUSSELL SAGE COLLEGE TROY	1	1,950									1	1,950								
BETH ISRAEL HOSP N Y CITY	2	31,412											2	31,412						
HILLSIDE HOSPITAL GLEN OAKS	4	33,796	1	6,300											3	27,496				
N Y STATE DEPT OF MENTAL HYGIENE	1	5,692													1	5,692				
BRONX HOSP NEW YORK	5	35,444	1	7,470									3	21,895			1	6,074		
WALDEMAR MED RES FOUND PORT WASHINGTON	1	9,796					1	9,796												

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER			
			NIAID		NIADDK		NCI		NHGRI		NIGMS		NINR		NIMH		NIDCR		BOI		BAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NEW YORK (CONTINUED)																						
POLYTECHNIC INSTITUTE OF BROOKLYN	2	12,198									1	4,600					1	7,598				
EASTMAN DENTAL DISP ROCHESTER	8	74,097							8	74,097												
BANK STREET COLLEGE OF EDUCATION N Y C	2	60,626													2	60,626						
HAMILTON COLLEGE CLINTON	1	920	1	920																		
N Y STATE SOCIETY FOR MEDICAL RESEARCH N Y C	1	8,398															1	8,398				
N Y HOSP WESTCHESTER DIVISION WHITE PLAINS	1	2,211													1	2,211						
MANHATTAN EYE EAR AND THROAT HOSPITAL N Y C	1	22,977			1	22,977																
BROOKLYN COLLEGE NEW YORK	4	19,956			1	13,168									3	6,836						
N Y BOTANICAL GARDEN N Y C	3	33,133									3	33,133										
EYE BANK FOR SIGHT RESTORATION INC N Y C	2	29,000			2	29,000																
P H RESEARCH INST OF THE CITY OF NEW YORK INC N Y C	4	50,782	1	7,667							3	46,115										
VASSAR COLLEGE POUGHKEEPSIE	4	30,907			2	7,668							2	7,700	1	10,979						
AMER MUSEUM OF NATURAL HISTORY N Y C	1	19,178													1	19,178						
ST CATHERINES HOSP BROOKLYN	1	9,682	1	9,682																		
ARTHRITIS AND RHEUMATISM FOUND N Y C	2	8,000	2	8,000																		
NASSAU HOSP MINEOLA	1	3,458											1	3,458								
COUNCIL CHILD DEVELOPMENT CENTER N Y	1	21,144													1	21,144						
IRVINGTON HOUSE IRVINGTON	1	11,928											1	11,928								
BOYCE THOMPSON INSTITUTE YONKERS	2	13,884											1	6,498			1	7,386				
INDIVIDUAL GRANTS	3	30,000			1	23,000	1	10,000							1	1,000	2	2,000				
CHAIRMAN GRANTS	16	177,000			3	30,000	2	27,500							1	14,000	10	89,500				
TOTAL	1,018	14,000,211	134	1,491,431	113	1,460,928	214	3,960,232	34	362,097	103	1,192,961	220	2,977,324	80	1,589,227	106	1,361,497	1	23,291	6	190,323
NORTH CAROLINA																						
DUKE UNIV DURHAM	84	940,780	14	115,956	14	139,630	10	106,204	1	1,988	9	22,221	21	267,254	6	118,796	10	66,461				
NORTH CAROLINA UNIV OF CHAPEL HILL	44	487,767	6	54,578	4	38,494	7	67,888	3	39,164	4	23,613	12	134,075	2	28,642	7	99,927	1	27,370		
WAKE FOREST COLLEGE WINSTON-SALEM	23	179,321	3	21,578	4	27,907	2	12,388			2	12,765	11	88,463			1	6,824				
EAST CAROLINA COLLEGE GREENVILLE	1	2,000													1	2,000						
NORTH CAROLINA STATE COLLEGE RALEIGH	1	9,228															1	9,228				
MARGUERITE BARR MEM EYE RESEARCH FOUND INC	1	18,681			1	18,681																
AGRICULTURAL AND TECHNICAL COLLEGE OF NORTH CAROLINA	1	11,402	1	11,402																		
CHAIRMAN GRANTS	1	10,000															1	10,000				
TOTAL	156	1,899,130	22	182,996	23	324,730	22	286,614	6	43,119	9	58,599	44	511,972	11	182,438	20	194,484			1	27,370
NORTH DAKOTA																						
NORTH DAKOTA UNIVERSITY OF GRAND FORKS	3	13,309			1	4,239					1	4,981	1	4,089								
NORTH DAKOTA AGRICULTURAL COLLEGE FARGO	3	14,236									2	6,236					1	10,000				
TOTAL	6	27,545			1	4,239					3	11,217	1	4,089			1	10,000				

	TOTAL		NATIONAL INSTITUTES OF HEALTH														PHS, OTHER			
			NIAMD		NIMHD		NCI		NIDR		NIAID		NHI		NEHI		NINR		RES	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
OHIO																				
CHILDRENS HOSP CINCINNATI	10	162,148	5	40,325	1	9,562	1	12,703					2	33,918	1	13,440				
CHRIST HOSP CINCINNATI	9	162,658			1	2,000	1	70,961			7	91,077								
CINCINNATI UNIV OF	33	387,488	3	49,368	2	11,169	6	72,815			4	51,429	11	62,909	2	12,185	3	38,132	2	118,345
CLEVELAND CLINIC FOUNDATION	5	119,773											5	119,773						
JEWISH HOSP Assn CINCINNATI	2	21,585									1	12,600	1	8,985						
OHIO STATE UNIV COLUMBUS	20	287,112	3	19,540	1	11,282	9	84,633	3	28,748	4	34,569	3	32,891	2	68,129	3	129,518		
OHIO STATE UNIV RESEARCH FOUND COLUMBUS	10	159,318			3	17,187	3	58,585			3	66,773	3	27,511			2	9,171		
ANTIOCH COLL FELS RES INST YELLOW SPRINGS	5	109,689													4	103,687	1	5,982		
CHILDRENS HOSP COLUMBUS	1	300	1	300																
ST LUKES HOSP CLEVELAND	1	8,357									1	8,357								
WESTERN RESERVE UNIV CLEVELAND	79	916,950	29	198,087	11	133,016	11	98,883	2	23,004	7	104,237	15	160,007	1	2,204	4	37,470		
XAVIER UNIV CINCINNATI	1	4,627			1	4,627														
HIGHLAND VIEW GYANOGA COUNTY HOSP CLEVELAND	1	13,972			1	13,972														
CLEVELAND HEARING AND SPEECH CENTER	1	7,960			1	7,960														
MIAMI UNIV OXFORD	2	9,866			2	1,516	1	8,350												
COLUMBUS RECEIVING HOSP AND STATE INST OF PSYCHIATRY	8	159,775			1	48,369							1	28,840	4	90,566				
MT SINAI HOSP CLEVELAND	2	29,179											2	29,179						
KENYON COLLEGE GAMBIER	2	8,876			1	3,882					1	2,619					1	2,375		
COLUMBUS STATE SCHOOL COLUMBUS OHIO	1	2,000													1	2,000				
OBERLIN COLLEGE OBERLIN	2	8,567			1	575	1	7,992												
LIGUE INTERNATIONALE CONTRE LE BEGAYISME CLEVELAND	1	9,000	1	9,000																
BATTELLE MEMORIAL INSTITUTE COLUMBUS	1	16,067													1	16,067				
SUBCOMMITTEE ON RESEARCH in NUTRITIONAL PATHOLOGY	1	26,300											1	26,300						
CHAIRMAN GRANTS	3	24,000															3	24,000		
TOTAL	218	3,489,980	48	476,748	26	284,091	33	373,344	5	44,887	30	329,485	47	328,233	18	330,481	17	234,668	2	118,345
OKLAHOMA																				
OKLAHOMA A AND M COLLEGE STILLWATER	4	61,822									2	17,962			2	9,060	2	14,812		
OKLAHOMA UNIV OF NORMAN	26	260,958	4	31,485	2	12,791	3	28,388			3	27,168	9	117,689	2	19,248	3	24,187		
OKLAHOMA MEDICAL RESEARCH FOUND OKLA CITY	10	250,394	4	36,716			4	84,063	3	24,466			4	62,149	1	23,000				
OKLAHOMA UNIV RESEARCH INST NORMAN	4	29,802									2	17,181					2	8,981		
TOTAL	54	575,876	10	68,117	2	12,791	7	112,451	3	24,466	7	62,311	13	179,838	5	51,308	7	44,230		
OREGON																				
OREGON UNIV OF	43	594,136	10	126,816	6	96,704	10	177,809	4	32,192			6	82,368	3	41,228	3	12,870	1	4,460
OREGON STATE CO CORVALLIS	10	136,514	3	29,514			3	25,544			3	37,728	2	18,522			3	25,604		
HELLAWY PARK HOSP PORTLAND	1	9,898											1	9,898						
GOOD SAMARITAN HOSP PORTLAND	1	2,588															1	2,588		
REED COLLEGE PORTLAND	1	7,460					1	7,460												
TOTAL	56	757,600	13	149,482	6	96,704	14	210,813	4	32,192	3	37,728	9	108,777	3	41,228	7	40,774	1	4,460

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NCAMD		NIADB		NCI		NIDR		NIAID		NHI		NIMH		DRG		BRS		BRS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
PENNSYLVANIA																						
ROBERT PACKER HOSP SAYRE	1	3,430					1	3,430														
CHILDRENS HOSP PHILADELPHIA	12	323,594	2	24,891	4	94,361					4	24,985	4	112,484			1	6,913				
ALLEGHENY GEN HOSP PITTSBURGH	2	14,837	2	14,837																		
BIOMAC LAB--THE BORDEN CO--CHEMICAL DIV PHILA	1	23,697					1	23,697														
DUQUESNE UNIV PITTSBURGH	1	6,367					1	6,367														
EINSTEIN MED CENTER PHILADELPHIA	3	62,928	1	8,388									2	12,817	2	24,919						
HAHNEMANN MED COLLEGE AND HOSP PHILADELPHIA	19	218,917	2	11,937	2	13,439	5	79,238			2	11,981	7	84,744	1	7,368						
JEFFERSON MED COLLEGE PHILA	28	283,623	12	79,258	1	6,823	4	33,137			1	8,790	3	38,194			2	13,674	1	9,775		
GRYN MAWR COLLEGE GRYN MAWR	3	18,118									2	13,219					1	4,797				
LANKENAU HOSP OVERBROOK PHILADELPHIA	2	16,218											2	16,218								
INSTITUTE FOR CANCER RESEARCH INC PHILADELPHIA	12	193,479					12	193,479														
LANCASTER CLEFT PALATE CLINIC INC	1	30,664							1	30,664												
ZOOLOGICAL SOC OF PHILADELPHIA	1	18,178											1	18,178								
MONTEFIORE HOSP PITTSBURGH	2	29,173											1	16,673	1	8,500						
FRANKLIN AND MARSHALL COLL LANCASTER	1	2,500											1	2,500								
PENNSYLVANIA HOSP PHILADELPHIA	4	199,365			1	159,983							1	18,667			2	20,764				
PENNSYLVANIA STATE UNIV UNIVERSITY PARK	12	165,472	3	91,996					1	19,683	1	6,160	5	22,439	1	2,500	2	23,194	1	39,100		
PENNSYLVANIA UNIV OF PHILADELPHIA	114	1,647,387	8	81,188	13	167,884	26	961,858	9	89,168	19	217,611	24	389,189	5	69,582	8	70,965				
ST CHRISTOPHERS HOSP FOR CHILDREN	7	68,479	1	70,230	3	36,334					1	6,889	1	9,250								
PHILADELPHIA GENERAL HOSP	2	19,328			1	12,628							1	6,700								
PHILADELPHIA GENERAL HOSP RESEARCH FUND	1	19,972											1	19,972								
PITTSBURGH UNIV OF	87	1,188,738	22	298,917	9	29,587	11	137,367	8	81,885	9	178,913	20	249,736	4	69,307	7	156,638	1	31,700		
CARNEGIE INST OF TECH PITTSBURGH	2	14,238													1	9,400	1	8,803				
WILKES COLLEGE WILKES BARRE	1	2,262									1	2,262										
EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE	1	8,147													1	8,147						
TEMPLE UNIV PHILADELPHIA	23	227,820	2	9,783	3	33,306	7	113,080	3	17,230	1	3,269	7	40,912								
WILLS EYE HOSP PHILADELPHIA	3	58,369			4	43,699	1	6,650														
WOMANS MED COLLEGE OF PA PHILADELPHIA	2	4,891											2	4,891								

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAAID		NIADS		NCI		NEHR		NIAID		NIH		NIMH		DRG		BSS		NAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
PENNSYLVANIA (CONTINUED)																						
CHILDRENS HOSPITAL PITTSBURGH	6	$1[illegible]			1	$2,[illegible]											1	$[illegible]				
WISTAR INST OF ANATOMY AND BIOLOGY PHILA	4	$[illegible]					4	$[illegible]														
AMER INSTITUTE FOR RESEARCH PITTSBURGH	1	$9,[illegible]															1	$9,[illegible]				
PRESBYTERIAN HOSP PHILADELPHIA	4	$7,[illegible]					1	$2,[illegible]														
HOSP COUNCIL OF PHILADELPHIA	1	$[illegible]																			1	$[illegible]
SIXTH INTERNAT BLOOD TRANSFUSION CONGRESS	1	$[illegible]											1	$[illegible]								
AMER ASSN FOR CANCER RES INC PHILA	1	$[illegible]					1	$2,[illegible]														
AMER COLLEGE OF PHYSICIANS PHILADELPHIA	1	$2,[illegible]																			1	$[illegible]
PAT AGRI COLL FARM SCHOOL BUCKS COUNTY	2	$3,[illegible]			1	$2,[illegible]			1	$[illegible]												
BRYN MAWR HOSP BRYN MAWR	1	$4,[illegible]											1	$[illegible]								
ST JOSEPHS HOSP LANCASTER	1	$[illegible]			1	$[illegible]																
PHILADELPHIA PSYCHIATRIC HOSP PHILADELPHIA	1	$[illegible]													1	$[illegible]						
PRESBYTERIAN HOSP PITTSBURGH	1	$[illegible]											1	$[illegible]								
PHILADELPHIA DEPT OF PUBLIC HEALTH	1	$[illegible]							1	$[illegible]												
SUSQUEHANNA UNIV SELINSGROVE	1	$[illegible]					1	$[illegible]														
DEPT OF PENNSYLVANIA HOSP PHILADELPHIA	1	$[illegible]													1	$[illegible]						
MERCY HOSP PITTSBURGH	3	$[illegible]			1	$[illegible]									1	$[illegible]	1	$[illegible]				
BETHEL HILL COLLEGE GREENSBURG	1	$[illegible]															1	$[illegible]				
BARTHMORE COLLEGE BARTHMORE	1	$[illegible]					1	$[illegible]														
HAVERFORD COLLEGE	2	$[illegible]									1	$[illegible]	1	$[illegible]								
BUCKNELL UNIV LEWISBURGH	1	$[illegible]															1	$[illegible]				
LEHIGH UNIV BETHLEHEM	1	$[illegible]			1	$[illegible]																
EYE AND EAR HOSPITAL PITTSBURGH	1	$[illegible]			1	$[illegible]																
CHAIRMAN GRANTS	3	$[illegible]					3	$[illegible]									2	$[illegible]				
TOTAL	393	$[illegible]	50	$[illegible]	42	$[illegible]	82	$[illegible]	24	$[illegible]	42	$[illegible]	82	$[illegible]	19	$[illegible]	31	$[illegible]	3	$[illegible]	2	$[illegible]
RHODE ISLAND																						
BROWN UNIV PROVIDENCE	16	$[illegible]			3	$[illegible]	8	$[illegible]			1	$[illegible]			4	$[illegible]	2	$[illegible]				
PROVIDENCE COLLEGE PROVIDENCE	1	$[illegible]					1	$[illegible]														
RHODE ISLAND HOSP PROVIDENCE	1	$[illegible]					1	$[illegible]														
RHODE ISLAND UNIV OF KINGSTON	1	$[illegible]					1	$[illegible]														
EMMA PENDLETON BRADLEY HOME RIVERSIDE	1	$[illegible]													1	$[illegible]						
TOTAL	20	$[illegible]			3	$[illegible]	9	$[illegible]			1	$[illegible]			5	$[illegible]	2	$[illegible]				
SOUTH CAROLINA																						
SOUTH CAROLINA MED COLL OF CHARLESTON	10	$[illegible]	1	$[illegible]	3	$[illegible]	4	$[illegible]	1	$[illegible]	3	$[illegible]	12	$[illegible]			1	$[illegible]				
TOTAL	10	$[illegible]	1	$[illegible]	3	$[illegible]	4	$[illegible]	1	$[illegible]	3	$[illegible]	12	$[illegible]			1	$[illegible]				
SOUTH DAKOTA																						
SOUTH DAKOTA STATE COLLEGE BROOKINGS	2	$[illegible]	1	$[illegible]			1	$[illegible]														
SOUTH DAKOTA UNIV OF VERMILLION	9	$[illegible]	3	$[illegible]	1	$[illegible]	1	$[illegible]			3	$[illegible]			1	$[illegible]						
TOTAL	11	$[illegible]	4	$[illegible]	1	$[illegible]	2	$[illegible]			3	$[illegible]			1	$[illegible]						

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER	
			NIAID	NINDB	NCI	NIGMS	NHLBI	NIH	NIAMD	DRG	BSI	DAS
	NO.	AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT
TENNESSEE														
EAST TENN TUBERCULOSIS HOSP KNOXVILLE	1	19,513						1 18,513						
MEMORY MED COLLEGE NASHVILLE	7	96,000	1 4,791		3 29,706	1 17,290				1 9,111	1 32,990		
TENNESSEE UNIV OF	43	408,083	5 27,832	5 62,827	11 92,123		2 18,963	11 110,944	1 3,000	7 42,594		1 30,000
VANDERBILT UNIVERSITY NASHVILLE	36	320,287	3 20,490	1 5,892	4 79,461		0 46,649	13 134,281	2 43,147			
TENNESSEE DEPT OF PUBLIC HEALTH FRANKLIN	2	31,552				1 20,615	1 10,697					
BILL WILKERSON HEARING AND SPEECH CENTER	1	29,788		1 29,788								
CLOVER BOTTOM HOME DONELSON	1	500								1 500		
FISK UNIV NASHVILLE	2	35,242			2 31,242					1 13,242		
CHAIRMAN GRANTS	1	5,000									1 5,000	
TOTAL	89	983,626	9 77,311	7 98,679	24 214,990	2 38,243	9 75,298	29 294,257	9 64,258	9 91,436		1 30,000
TEXAS														
BAYLOR UNIV DALLAS	40	491,460	3 32,944	3 39,595	13 184,795	2 31,899	6 36,366	6 72,967	3 33,731	3 33,163		
ABILENE CHRISTIAN COLLEGE ABILENE	2	7,788					2 7,788					
AIR TUMOR CLINIC SAN ANTONIO	1	18,198			1 18,198							
NORTH TEXAS STATE COLLEGE DENTON	4	12,266			1 1,566		3 10,700					
TEXAS TECHNOLOGICAL COLLEGE LUBBOCK	4	34,887		1 14,813			2 16,056		1 4,024			
TEXAS A AND M COLLEGE COLLEGE STATION	10	68,845	5 39,645	2 9,782			3 17,198			1 2,297		
TEXAS A AND M RESEARCH FOUND COLLEGE STATION	1	9,468	1 9,468									
TEXAS STATE DEPT OF HEALTH AUSTIN	2	18,972					2 18,972					
TEXAS UNIV OF	46	932,867	18 88,188	10 80,385	23 358,368	6 46,967	11 79,462	19 190,284	1 2,888	9 46,621		1 19,467
J B AND S L MADDEY RESEARCH INST AND BLOOD CENTER	3	47,369			2 14,892			1 12,477				
HOUSTON UNIV OF	4	26,326	1 2,242	1 6,897				1 1,729	1 12,742			
TEXAS CHRISTIAN UNIV FORT WORTH	1	10,198					1 10,198					
SOUTHWEST FOUND FOR RESEARCH AND EDUCATION	14	221,704	4 47,478		4 33,906			3 79,739		2 23,775	1 22,625	
AUSTIN COMMUNITY GUIDANCE CENTER	1	20,000							1 20,000			
RICE INST HOUSTON	4	19,157			1 6,988		4 24,977	1 6,288				
METHODIST HOSP HOUSTON	1	7,000			1 7,000							
CHAIRMAN GRANTS	2	20,000								2 20,000		
TOTAL	134	1,999,111	22 226,719	19 160,220	55 628,663	10 98,866	36 346,766	33 809,614	7 75,777	19 115,699	1 22,625	1 29,467
UTAH														
BRIGHAM YOUNG UNIV PROVO	4	26,198			1 6,294		2 20,188					
UTAH STATE HOSP PROVO	1	16,907							1 16,907			
UTAH UNIV OF SALT LAKE CITY	50	951,791	8 101,613	10 226,827	11 276,634		2 26,296	7 79,691	6 72,626	6 32,426		
UTAH STATE UNIVERSITY LOGAN	8	48,866					3 8,468			2 40,299	1 26,668	
CHAIRMAN GRANTS	1	8,888								1 8,888		
TOTAL	66	1,040,116	8 101,613	10 226,827	12 282,928		7 55,152	7 79,691	7 89,533	9 109,239	1 26,668	
VERMONT														
VERMONT UNIVERSITY OF BURLINGTON	10	168,681	2 9,792	1 7,986			2 8,866	11 81,179		3 38,858		
TOTAL	10	168,681	2 9,792	1 7,986			2 8,866	11 81,179		3 38,858		

	TOTAL		NATIONAL INSTITUTES OF HEALTH														PHS, OTHER			
			NIAID		NIAMD		NCI		NIGMS		NIAID		NIH		NIMH		NRG		RSS		SAS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
VIRGINIA																						
SWEET BRIAR COLLEGE	1	1,826																				
VIRGINIA POLYTECHNIC INSTITUTE BLACKSBURG	3	12,886	2	10,694							1	2,000			1	1,826						
RICHMOND UNIV OF	1	9,828					1	9,828														
VIRGINIA MEDICAL COLLEGE RICHMOND	43	509,557	9	59,782	4	143,413	9	104,511	4	32,209	3	26,300	9	118,679			5	31,169				
VIRGINIA UNIV OF	86	926,896	9	74,592	3	39,374	9	88,318			3	22,237	7	73,401			9	29,982				
WILLIAM AND MARY COLLEGE	2	6,001									1	2,000	1	2,921								
SPERLING LABS ARLINGTON	1	2,271											1	2,271								
BRIDGEWATER COLLEGE BRIDGEWATER	1	10,617					1	10,617														
HAZLETON LABS INC FALLS CHURCH	1	13,846			1	13,846																
INDIVIDUAL GRANTS	1	190			1	190																
TOTAL	90	888,638	20	160,668	9	196,985	20	206,964	4	32,209	8	54,617	18	196,466	1	1,826	10	61,151				
WASHINGTON																						
FIRLAND SANATORIUM SEATTLE	1	6,991											1	6,991								
WASHINGTON STATE COL	13	97,714	1	6,826	1	8,000	3	23,190			3	32,963					2	11,963	1	10,866		
WASHINGTON UNIV OF SEATTLE	112	1,238,438	14	241,959	12	131,893	20	234,281	4	40,879	3	21,632	23	406,180	4	33,728	19	211,246	1	19,112		
PINEL FOUNDATION INC SEATTLE	1	10,000													1	10,000						
GONZAGA UNIV SPOKANE	1	4,625									1	4,625										
TOTAL	128	1,357,371	17	248,785	13	139,893	23	257,391	4	40,879	9	59,220	24	412,691	5	43,731	21	223,209	2	31,978		
WEST VIRGINIA																						
WEST VIRGINIA UNIV OF MORGANTOWN	4	17,082									2	11,243	2	6,839								
TOTAL	4	17,082									2	11,243	2	6,839								
WISCONSIN																						
MARQUETTE UNIV MILWAUKEE	22	193,201	5	41,762	2	13,897	5	47,446	4	48,827			5	44,930			1	2,000				
WISCONSIN UNIV OF	96	1,289,134	13	152,823	6	67,466	22	321,246			21	217,538	16	222,798	8	101,737	12	256,940				
AMER FOUND FOR BIOLOGICAL RESEARCH	2	8,180											1	900			1	8,280				
MILWAUKEE HEALTH DEPT MILWAUKEE	1	8,784									1	8,784										
JACKSON CLINIC, MADISON,	1	1,612											1	1,612								
WISCONSIN STATE COLLEGE EAU CLAIRE	1	1,987													1	1,987						
ST AGNES HOSP FOND DU LAC	1	1,500									1	1,500										
CHAIRMAN GRANTS	1	10,000													1	10,000						
TOTAL	125	1,514,798	18	179,785	6	66,962	27	352,989	4	48,827	23	227,822	23	269,840	10	113,724	14	267,120				
WYOMING																						
WYOMING UNIV OF LARAMIE	4	11,482									1	2,982	2	6,840	1	1,799						
TOTAL	4	11,482									1	2,982	2	6,840	1	1,799						

	TOTAL		NATIONAL INSTITUTES OF HEALTH												PHS, OTHER			
			NIAID		NIAMD		NCI		NIDR		NHLI		NIMH		DPC		DSS		CHS	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
CHILE																				
TEMP HOSP FOR MENTAL DISORDERS SANTIAGO	1	2,500																		
INDIVIDUAL GRANTS	5	1,689											1	2,500						
TOTAL	9	3,829											1	1,639						
													1	1,639	1	2,500				
PUERTO RICO																				
FUNDACION INVESTIGACIONES CLINICAS SANTURCE	1	8,930																		
PUERTO RICO UNIV OF	21	183,920	1	12,400	2	7,612	1	5,780			9	60,062	8	70,496			1	4,570		
PUERTO RICO DEPT OF HEALTH SANTURCE	1	4,220													1	4,251				
TOTAL	23	196,760	1	12,400	2	7,612	1	5,780			9	60,062		70,496	1	4,251	1	4,570		
ARGENTINA																				
INST BIOLOGIA MED EXPER BUENOS AIRES	1	2,500	1	2,500																
CAMPOMAR FUNDACION INST INVEST BUENOS AIRES	1	12,200																		
TOTAL	2	14,700	1	2,500																
BELGIUM																				
FIRST INTERNAT CONGRESS OF NEUROLOGICAL SCIENCES	2	19,000			2	19,000														
TOTAL	2	19,000			2	19,000														
BRAZIL																				
INSTITUTO ADOLFO LUTZ SAO PAULO	1	1,610									1	1,610								
TOTAL	1	1,610									1	1,610								
BRITISH ISLES																				
CHESTER BEATTY RESEARCH INST LONDON ENGLAND	1	113,000					1	113,000												
READING UNIV OF READING ENGLAND	2	12,780			1	12,780														
GREAT BRITAIN MED RESEARCH COUNCIL LONDON	1	25,000									1	25,000								
INDIVIDUAL GRANTS	1	1,650											1	1,650						
TOTAL	4	154,430	1	12,780	1	113,000					1	25,000	1	1,650						
CANADA																				
MCGILL UNIV MONTREAL	9	76,170	1	19,334							1	20,000	2	26,933	1	10,521				
DALHOUSIE UNIV HALIFAX NOVA SCOTIA	1	1,900																		
QUEENS UNIVERSITY KINGSTON	3	6,779									1	6,779					1	1,900		
TORONTO UNIV OF	2	19,794							1	8,044	1	11,750								
BRITISH COLUMBIA UNIV OF	1	22,200					1	22,200												
TOTAL	20	129,843	1	19,334	1	22,200	1	8,044	3	62,529	3	26,933	3	10,983	1	1,900				
COLOMBIA																				
UNIVERSIDAD DEL VALLE CALI	1	1,980									1	1,980								
TOTAL	1	1,980									1	1,980								

	TOTAL		NATIONAL INSTITUTES OF HEALTH										PHS, OTHER	
			NIAAID	NINDB	NCI	NCHS	NIAID	NIH	NIMH	DRG	DES	DAS
	NO.	AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT
DENMARK												
DANISH CANCER REGISTRY COPENHAGEN	1	7,468			1 7,468							
COPENHAGEN UNIV OF	1	6,468			1 6,468							
TOTAL	2	14,267			2 14,267							
FINLAND												
HELSINKI UNIV OF HELSINKI	1	13,000			1 13,000							
TOTAL	1	13,000			1 13,000							
FRANCE												
PASTEUR INSTITUT PARIS	2	39,136			2 39,136							
PARIS UNIV OF	1	7,920			1 7,920							
TOTAL	3	47,056			3 47,056							
GUATEMALA												
PAN AMER SANITARY BUREAU	2	52,977	1 20,018					1 32,959				
TOTAL	2	52,977	1 20,018					1 32,959				
INDIA												
INDIAN CANCER RESEARCH CENTRE BOMBAY	1	6,137			1 6,137							
TOTAL	1	6,137			1 6,137							
ISRAEL												
HEBREW UNIV JERUSALEM	5	41,107			1 26,550		4 24,557					
WEIZMANN INST OF SCIENCE REHOVOTH	3	38,100			1 7,100			2 31,000				
TOTAL	8	79,207			2 33,650		4 24,557	2 31,000				
ITALY												
ANTON AND REINHARD DOHRN FOUND NAPLES	3	24,179			1 10,000					2 14,179		
FLORENCE UNIV OF FLORENCE	1	2,000						1 2,000				
TOTAL	4	26,179			1 10,000			1 2,000		2 14,179		
JAPAN												
YAMANASHI MEDICAL RESEARCH INST KOFU CITY	1	12,000					1 12,000					
SASAKI FOUNDATION MEDICAL INSTITUTE OF TOKYO	1	7,200			1 7,200							
TOTAL	2	19,200			1 7,200		1 12,000					
LEBANON												
AMER UNIVERSITY OF BEIRUT	2	3,079			1 1,734		1 1,000	1 1,068				
TOTAL	2	3,079			1 1,734		1 1,000	1 1,068				

	TOTAL		NATIONAL INSTITUTES OF HEALTH								PHS, OTHER	
			NIAID	NIAMDD	NCI	NIDR	NIAID	NHI	NIGMS	DRG	ESS	DAS
	NO.	AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT
MEXICO												
GENERAL HOSP MEXICO D F	1	6,654		1 6,654								
TOTAL	1	6,654		1 6,654								
NETHERLANDS												
EXCERPTA MEDICA FOUND AMSTERDAM	1	28,730						1 28,730				
FEDERATION DENTAIRE INTERNATIONALE AERDENHOUT	1	9,000				1 9,000						
TOTAL	2	37,730				1 9,000		1 28,730				
PANAMA												
GORGAS MEM INST TROP AND PREVENTIVE MED	1	25,200					1 25,200					
TOTAL	1	25,200					1 25,200					
PERU												
SAN MARCUS UNIV OF LIMA	2	32,624			1 12,744					1 19,880		
TOTAL	2	32,624			1 12,744					1 19,880		
PHILIPPINES												
PHILIPPINES UNIV OF MANILA	1	18,000						1 18,000				
TOTAL	1	18,000						1 18,000				
SOUTH AFRICA												
SOUTH AFRICAN COUNCIL SCI & IND RES PRETORIA	1	17,260					1 17,260					
TOTAL	1	17,260					1 17,260					
SWEDEN												
LUND UNIV OF LUND	1	18,000						1 18,000				
KAROLINSKA INSTITUTET STOCKHOLM	2	36,000			2 36,000							
TOTAL	3	54,000			2 36,000			1 18,000				
SWITZERLAND												
INTERNAT COUNCIL OF OPHTHALMOLOGY ZURICH	1	10,000		1 10,000								
WORLD HEALTH ORGANIZATION GENEVA	1	19,860						1 19,860				
TOTAL	2	29,860		1 10,000				1 19,860				

Note.- 6242 grants totaling $82,517,308, distributed among 587 institutions located in 48 states, District of Columbia, 2 Territories, and 23 foreign countries.

IV. TRAINING GRANTS

PART I

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

PUBLIC HEALTH SERVICE TRAINING GRANTS (Excluding NIMH) 1/
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution; as of June 30, 1957
(Institution data include grants to components)

DRG/ALB
Report - 330 - Part I
6-30-57

		PART II/ TOTAL		NATIONAL INSTITUTES OF HEALTH											
				NIAMD		NINDB		NCI 2/		NCI 3/		NHDR		NHI		DRG 4/		DRG 5/	
		NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
United States, Territories, and Foreign Countries	TOTAL	747	15,564,215	136	1,027,322	149	2,999,709	149	2,711,070	28	1,200,000	20	500,000	185	4,026,114	92	2,000,000	8	500,000
ALABAMA																			
ALABAMA UNIV OF		14	211,502	4	42,840	2	24,516	2	30,000			3	70,872	2	37,500	1	6,974		
	TOTAL	14	211,502	4	42,840	2	24,516	2	30,000			3	70,872	2	37,500	1	6,974		
ARKANSAS																			
ARKANSAS UNIV OF		5	98,206	2	14,634	1	25,581	1	24,991					1	29,000				
	TOTAL	5	98,206	2	14,634	1	25,581	1	24,991					1	29,000				
CALIFORNIA																			
CALIFORNIA UNIV OF		52	601,825	7	99,497	9	90,110	6	115,347	2	89,931	1	33,460	7	136,449	4	41,031		
COLLEGE OF MEDICAL EVANGELISTS		7	107,172	1	14,434			2	30,000					2	51,752	2	10,986		
SOUTHERN CALIF UNIV OF		5	82,994	2	27,994			2	30,000					1	29,000				
STANFORD UNIV		8	148,911	2	19,009	3	34,171	1	24,240	1	50,000			1	29,000				
COLLEGE OF OSTEOPATHIC PHYS & SURG		2	50,000					1	29,000					1	29,000				
CHILDRENS HOSP		1	14,484	1	14,484														
	TOTAL	55	1,004,386	15	167,409	8	144,281	12	224,467	3	139,931	1	33,460	12	263,201	6	51,997		
COLORADO																			
COLORADO UNIV OF		12	148,553	3	28,030	3	38,363	1	25,000					2	29,930	3	47,230		
	TOTAL	12	148,553	3	28,030	3	38,363	1	25,000					2	29,930	3	47,230		
CONNECTICUT																			
YALE UNIV		13	214,192	2	19,300	2	31,159	1	25,000	1	37,000			5	85,612	2	15,327		
	TOTAL	13	214,192	2	19,300	2	31,159	1	25,000	1	37,000			5	85,612	2	15,327		

1/ NATIONAL INSTITUTE OF MENTAL HEALTH TRAINING GRANTS ARE SHOWN IN REPORT #330-PART II.
2/ CANCER (REGULAR) TRAINING.
3/ CANCER RESEARCH TRAINING.
4/ PROFESSIONAL NURSE TRAINING.

LEGEND
NIAMD - NATIONAL INSTITUTE OF ARTHRITIS AND METABOLIC DISEASES.
NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS.
NCI - NATIONAL CANCER INSTITUTE.
NIAID - NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES.
NHI - NATIONAL HEART INSTITUTE.
DRG - DIVISION OF RESEARCH GRANTS (BIOSCIENCES).

a/ CANCER RESEARCH TRAINING.
b/ PROFESSIONAL NURSE TRAINING.

NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS.
NCI - NATIONAL CANCER INSTITUTE.
NHI - NATIONAL HEART INSTITUTE.
DRG - DIVISION OF RESEARCH GRANTS (NONCATHEDRAL).

		PHS a/ TOTAL		NATIONAL INSTITUTES OF HEALTH											
				NIAID		NINDB		NCI a/		NCI b/		NHDR		NHI		DRG a/		DRG b/	
		NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
DISTRICT OF COLUMBIA																			
WASHINGTON MISSIONARY COLLEGE		2	7,403					1								2	7,403		
CATHOLIC UNIV		3	116,335											1	10,000	2	101,335		
GEORGETOWN UNIV		9	186,969	3	51,119	3	66,850	2	30,000					1	25,000				
GEORGE WASHINGTON UNIV		3	79,672	1	3,672			1	25,000					1	25,000				
HOWARD UNIV		3	50,000					2	30,000					1	25,000				
EPISCOPAL EYE EAR AND THROAT HOSP		2	6,733			2	6,733												
AMER PHYSIOLOGICAL SOCIETY		1	1,000											1	1,000				
	TOTAL	23	407,272	4	54,791	5	37,583	5	85,000					5	66,000	4	118,818		
FLORIDA																			
FLORIDA UNIVERSITY OF		3	34,142					1	4,995					2	29,147				
MIAMI UNIV OF		5	117,877	2	33,432	1	34,145	1	25,000					1	25,000				
FLORIDA STATE UNIV		2	15,700													2	15,700		
	TOTAL	10	167,819	2	33,432	1	34,145	2	29,995					3	54,147	2	15,700		
GEORGIA																			
EMORY UNIV		9	163,376	1	11,340	1	17,280	2	29,147			1	8,640	2	64,409	1	4,990	1	25,000
GEORGIA MEDICAL COLL OF		5	119,574					1	25,000					2	69,722	2	24,852		
	TOTAL	14	284,950	1	11,340	1	17,280	3	54,147			1	8,640	4	134,131	3	33,852	1	25,000
ILLINOIS																			
ASSN OF AMERICAN MEDICAL COLLEGES		2	50,000			1	25,000							1	25,000				
CHICAGO UNIV OF		8	170,689			4	66,194	1	25,000					1	25,000	2	52,935		
ILLINOIS UNIV OF		7	185,916	3	15,816			2	30,000			1	27,000	1	25,000				
LOYOLA UNIV		3	54,979					2	29,979					1	25,000				
CHICAGO COLLEGE OF OSTEOPATHY		2	49,950					1	25,000					1	24,950				
NORTHWESTERN UNIV		10	169,714	3	39,[illegible]	2	79,715	2	50,000			1	32,000	2	[illegible]				
[illegible] UNIV		2	27,143														[illegible]		
CHICAGO MEDICAL SCHOOL		3	60,672	1	10,[illegible]			1	25,000					1	25,000				
	TOTAL	37	682,009	7	73,[illegible]	7	[illegible]	9	160,979			2	59,000	8	182,726	4	81,078		

	PART II/ TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NIAMD		NINDB		NCI2/		NCI3/		NIDR		NIH		DRG4/		DRG5/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
INDIANA													13					
INDIANA UNIV	7	156,625			3	64,490	1	25,000			1	23,004			2	44,131		
INDIANA UNIV FOUND RESEARCH DIV	2	6,335					1	4,998							1	1,340		
TOTAL	9	162,960			3	64,490	2	29,998			1	23,004			3	45,471		
IOWA																		
IOWA STATE UNIV OF	12	218,879	3	22,140	6	108,536	3	42,500					1	25,000	1	20,694		
DES MOINES STILL COLLEGE OF OSTEOPATHY AND SURGERY	3	59,709					2	35,571					1	24,138				
INDIVIDUAL GRANTS	3	51,000			3	51,000												
CHAIRMAN GRANTS	2	20,000			2	20,000												
TOTAL	20	329,579	3	22,140	9	199,536	5	78,071					2	49,138	1	20,694		
KANSAS																		
KANSAS UNIV OF	7	143,181	1	8,640	2	20,791	1	25,000	1	36,802			2	49,948				
TOTAL	7	143,181	1	8,640	2	20,791	1	25,000	1	36,802			2	49,948				
KENTUCKY																		
LOUISVILLE UNIV OF	6	112,400			2	32,400	2	30,000					2	50,000				
TOTAL	6	112,400			2	32,400	2	30,000					2	50,000				
LOUISIANA																		
LOYOLA UNIV	1	5,000					1	5,000										
LOUISIANA STATE UNIV	4	91,226			1	20,196	1	25,000					1	25,000	1	21,030		
TULANE UNIV	13	307,437	2	25,000	4	105,772	1	25,000	1	15,012			5	136,653				
TOTAL	18	403,663	2	25,000	5	125,968	2	55,000	1	15,012			6	161,653	1	21,030		
MAINE																		
ROSCOE B JACKSON MEMORIAL LABORATORY	1	75,000							1	75,000								
TOTAL	1	75,000							1	75,000								
MARYLAND																		
JOHNS HOPKINS UNIV	19	481,948	3	34,548	6	137,047	2	60,000	1	13,681			5	136,973	1	8,900	1	50,000
MARYLAND UNIV OF	13	156,169	4	28,470	3	51,308	2	50,000					3	99,191	1	7,200		
INDIVIDUAL GRANTS	1	20,000			1	20,000												
TOTAL	33	658,116	7	63,018	10	209,355	4	90,000	1	13,681			8	186,164	2	16,100	1	50,000

	PART 5/ TOTAL		NATIONAL INSTITUTES OF HEALTH											
			NIAID		NIMDB		NCI 2/		NCI 2/		NIDR		NHI		DRG 3/		DRG 3/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MASSACHUSETTS																		
BOSTON UNIV	7	259,246	1	12,224	1	15,000	2	38,000					2	38,000	1	136,042		
CLARK UNIV	2	119,041							2	119,041								
HARVARD UNIV	18	372,085	2	22,302	6	140,163	3	93,936			1	32,400	4	62,300	2	12,984		
ROBERT B BRIGHAM HOSP	2	13,660	2	13,660														
MARINE BIOLOGICAL LAB WOODS HOLE	1	30,814											1	30,814				
MASS GENERAL HOSPITAL	6	155,108	2	42,940					2	69,774			2	42,394				
BOSTON COLLEGE	3	16,413													3	16,413		
SIMMONS COLLEGE	2	15,383													2	15,383		
NEW ENGLAND DEACONESS HOSPITAL	1	7,000	1	7,000														
BETH ISRAEL HOSP	2	19,617	2	19,617														
TUFTS UNIV	8	119,654	1	7,960	2	30,694	2	38,000			1	23,638	2	38,400				
PETER BENT BRIGHAM HOSP	2	31,240	2	31,240														
MASS EYE AND EAR INFIRMARY	3	72,898			3	72,898												
TOTAL	57	1,238,849	13	155,043	12	286,120	7	156,936	4	178,815	2	56,038	11	248,108	8	178,792		
MICHIGAN																		
MERCY COLLEGE	3	11,034													3	11,034		
MICHIGAN UNIV OF	18	366,967	3	46,084	4	139,769	2	29,138	1	20,779	1	32,400	3	64,262	2	14,535		
WAYNE STATE UNIV	6	148,619	1	17,268	1	25,000	1	25,000					1	25,000	2	56,151		
DETROIT UNIV OF	1	5,000					1	5,000										
HENRY FORD HOSP	2	26,392			2	26,392												
TOTAL	30	557,012	4	63,352	7	211,161	4	99,138	1	20,779	1	32,400	4	89,262	7	81,720		
MINNESOTA																		
MINNESOTA UNIV OF	23	608,948	4	34,846	3	92,152	2	30,000	3	163,612	1	34,344	7	129,233	3	124,761		
MINNEAPOLIS GENERAL HOSP	1	16,000			1	16,000												
TOTAL	24	624,948	4	34,846	4	108,152	2	30,000	3	163,612	1	34,344	7	129,233	3	124,761		
MISSISSIPPI																		
MISSISSIPPI UNIV OF	4	72,460	1	7,888			1	25,000					2	39,572				
TOTAL	4	72,460	1	7,888			1	25,000					2	39,572				

	TOTAL		NIAMD		NIDDK		NCRR		NHLBI		NINDS		NCI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MISSOURI														
KIRKSVILLE COL OF OSTEOPATHY AND SURGERY	1	$ 25,000							1	$ 25,000				
MISSOURI UNIV OF	3	59,167	1	$ 15,000					2	29,167				
KANSAS CITY COLL OF OSTEOPATHY AND SURG	1	25,000							1	25,000				
ST LOUIS UNIV	6	120,385	1	$ 19,406	1	$ 20,979	2	$ 29,953	1	$ 25,000	1	$ 25,234		
WASHINGTON UNIV	17	509,254	2	$ 30,322	3	$ 72,202	2	$ 30,000	2	$ 25,671	2	$ 29,167	4	$ 99,892	1	$ 50,000
KANSAS CITY UNIV OF	1	$ 5,000					1	$ 5,000						
TOTAL	34	$ 800,006	7	$ 72,728	4	$ 93,181	8	$ 139,953	2	$ 25,671	7	$ 133,234	5	$ 49,126	1	$ 50,000
NEBRASKA														
CREIGHTON UNIV	7	$ 142,389	1	$ 10,000	1	$ 20,450	3	$ 42,500			2	$ 29,167				
NEBRASKA UNIV OF	4	$ 71,840					2	$ 29,840			2	$ 42,000				
TOTAL	11	$ 170,169	1	$ 10,000	1	$ 20,450	5	$ 72,340			4	$ 71,167				
NEW HAMPSHIRE														
DARTMOUTH COL	2	$ 35,981					1	$ 5,000			1	$ 23,001				
HITCHCOCK FOUND	1	$ 12,648									1	$ 12,648				
TOTAL	3	$ 48,629					1	$ 5,000			2	$ 35,629				
NEW JERSEY														
SETON HALL UNIV	3	$ 9,968					2	$ 9,968						
TOTAL	3	$ 9,968					2	$ 9,968						
NEW YORK														
UNION COLLEGE AND UNIV	4	$ 82,679	1	$ 10,000	1	$ 24,282	1	$ 24,796			1	$ 23,600		
LONG ISLAND BIOLOGICAL ASSOC	1	$ 5,500							1	$ 5,500				
BUFFALO UNIV OF	7	169,756	1	$ 13,677	2	$ 40,212	2	$ 30,000			1	$ 29,000	1	$ 56,267		
COLUMBIA UNIV	17	$ 383,771	1	$ 16,276	4	$ 98,283	2	$ 29,389	1	$ 32,512	7	$ 114,271	2	$ 270,190		
CORNELL UNIV	9	148,184	2	$ 26,071	4	$ 50,061	1	$ 24,997			2	$ 47,037				
ADELPHI COLLEGE	1	$ 6,111											1	$ 6,111		
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK	8	195,907			2	$ 27,419	2	$ 49,992			4	$ 78,499				
SLOAN KETTERING INST FOR CANCER RES	1	$ 100,000							1	$ 100,000				
MONTEFIORE HOSP	3	$ 53,705			3	$ 53,705								
MT SINAI HOSP	3	$ 72,348	1	$ 15,000	2	$ 57,348								

	PART 1/ TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NHAID		NINDB		NCI2/		NCI2/		NIDR		NIH		DRG4/		DRG4/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
New York (continued)																		
N Y MEDICAL COLLEGE	2	99,224					1	23,080					1	24,624				
N Y UNIVERSITY	12	322,885	2	41,662	5	139,153	2	29,970					2	92,100			1	220,000
YESHIVA UNIV	3	118,400	1	11,586	1	24,000	1	23,000					2	69,814				
LONG ISLAND UNIV	1	23,588	1	11,588														
ROCHESTER UNIV OF	5	224,834	1	19,120	1	13,210	1	23,000			1	35,000	2	39,248	1	52,456	1	40,000
SYRACUSE UNIV	1	13,281													1	13,281		
SKIDMORE COLLEGE	1	10,000					1	10,000										
ST JOHNS UNIV	2	96,770													2	96,770		
ROSWELL PARK MEM INST	1	32,616							1	32,616								
N Y WOMENS LEAGUE FOR ANIMALS	1	134,838													1	134,838		
BROOKLYN COLLEGE	1	14,500					1	14,500										
TOTAL	89	2,678,997	11	147,786	29	338,239	15	291,464	4	190,928	1	35,000	12	485,593	9	549,613	2	260,000
NORTH CAROLINA																		
DUKE UNIV	9	134,681	3	46,376	1	22,817	1	24,889					2	38,000	2	27,497		
NORTH CAROLINA UNIV OF	13	348,969	2	22,250	3	57,439	3	44,472					3	68,948	4	20,610		
WAKE FOREST COLLEGE	6	98,438	2	14,188	2	24,230	2	23,000					1	23,000				
TOTAL	30	637,438	7	82,814	6	88,286	5	94,361					6	129,948	6	48,107		
NORTH DAKOTA																		
NORTH DAKOTA UNIVERSITY OF	2	19,938					1	5,000					1	14,938				
TOTAL	2	19,938					1	5,000					1	14,938				
OHIO																		
CINCINNATI UNIV OF	3	64,840			1	14,240	1	23,000					1	23,000				
OHIO STATE UNIV	8	188,486	2	28,006	1	8,274	1	23,000			1	31,799	1	23,000	2	8,289		
CINCINNATI GENERAL HOSP	1	19,000	1	19,000														
CLEVELAND CITY HOSP	1	12,327			1	12,327												
WESTERN RESERVE UNIV	15	272,695	2	19,823	4	86,313	2	19,968			1	10,632	4	77,118	2	58,838		
HIGHLAND VIEW CUYAHOGA COUNTY HOSP	1	19,888	1	19,000														
MT SINAI HOSP	1	3,000											1	3,000				
FRANK E BUNTS EDUCATIONAL INST	1	17,250											1	17,250				
OHIO DEPARTMENT OF HEALTH	1	19,000	1	19,000														
CHAIRMAN GRANTS	1	10,000	1	10,000														
TOTAL	33	962,598	7	96,918	7	118,954	4	79,968			2	42,429	8	147,398	5	56,939		

	PART B/ TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NIAID		NIMDS		NCI2/		NCI3/		NIGMS		NIH		DRG4/		DRG5/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
OKLAHOMA																		
OKLAHOMA UNIV OF	5	79,622	1	10,622	1	19,000	1	25,000					2	25,000				
TOTAL	5	79,622	1	10,622	1	19,000	1	25,000					2	25,000				
OREGON																		
OREGON UNIV OF	10	148,774	2	19,880	3	51,043	2	30,000			1	1,973	1	24,000	1	23,879		
TOTAL	10	148,774	2	19,880	3	51,043	2	30,000			1	1,973	1	24,000	1	23,879		
PENNSYLVANIA																		
HAHNEMANN MED COLLEGE AND HOSP	2	50,000					1	25,000					1	25,000				
JEFFERSON MED COLLEGE	3	81,694			1	31,694	1	25,000					1	25,000				
PENNSYLVANIA UNIV OF	9	284,948					2	29,482	1	32,817	1	30,024	2	37,724	2	84,398	1	50,000
PHILADELPHIA GENERAL HOSP	1	35,000											1	25,000				
PITTSBURGH UNIV OF	19	449,184	4	39,718	1	13,932	4	111,383	1	57,099	1	21,600	6	91,552	2	114,350		
PHILADELPHIA COLLEGE OF OSTEOPATHY	2	48,680					1	23,000					1	25,000				
TEMPLE UNIV	3	54,948					2	30,000					1	24,948				
WILLS EYE HOSP	2	56,490			2	56,490												
WOMANS MED COLLEGE OF PA	2	50,600					1	25,000					1	25,000				
TOTAL	49	1,110,908	4	39,718	4	101,716	12	270,046	2	89,852	2	51,624	14	309,224	4	198,728	1	50,000
RHODE ISLAND																		
BROWN UNIV	1	32,380							1	32,380								
TOTAL	1	32,380							1	32,380								
SOUTH CAROLINA																		
SOUTH CAROLINA MED COLL OF	6	106,944	2	8,532	1	25,651	1	25,000					2	47,183				
TOTAL	6	106,944	2	8,532	1	25,651	1	25,000					2	47,183				
SOUTH DAKOTA																		
SOUTH DAKOTA STATE COLLEGE	2	6,408													2	6,408		
SOUTH DAKOTA UNIV OF	2	20,000					1	11,000					1	15,000				
TOTAL	4	26,408					1	9,000					1	15,000	2	6,408		

	Y PART 1/ TOTAL		NATIONAL INSTITUTES OF HEALTH											
			NHLBI		NIAMDD		NCI 2/		NCI 2/		NIDR		NIH		DRG 3/		DRG 3/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
TENNESSEE																		
MEHARRY MED COLLEGE	4	39,167					2	10,000					2	29,167				
TENNESSEE UNIV OF	6	137,120	1	24,840	1	26,296	2	30,000					2	55,984				
VANDERBILT UNIVERSITY	9	143,923	4	50,851	1	25,000	2	35,000					1	25,000	1	7,072		
TOTAL	19	320,210	5	75,691	2	51,296	6	95,000					5	110,151	1	7,072		
TEXAS																		
BAYLOR UNIV	9	166,006	1	18,144	3	42,722	3	42,500	1	37,800			1	24,840				
TEXAS UNIV OF	8	161,505	1	25,000		*	3	55,000			1	16,200	2	49,956	1	10,349		
TOTAL	17	327,511	2	43,144	3	42,722	6	97,500	1	37,800	1	16,200	3	74,796	1	10,349		
UTAH																		
UTAH UNIV OF	8	188,274	3	44,629			1	25,000	1	74,145			3	42,500				
TOTAL	8	188,274	3	44,629			1	25,000	1	74,145			3	42,500				
VERMONT																		
VERMONT UNIVERSITY OF	7	111,823	2	30,790	2	28,866	1	25,000					2	29,167				
TOTAL	7	111,823	2	30,790	2	28,866	1	25,000					2	29,167				
VIRGINIA																		
VIRGINIA MEDICAL COLLEGE	8	109,390	2	19,440			2	29,950			1	35,000	1	25,000				
VIRGINIA UNIV OF	5	121,494	1	18,360	1	28,168	1	25,000					1	24,918			1	25,000
TOTAL	11	230,884	3	37,800	1	28,168	3	54,950			1	35,000	2	49,918			1	25,000

	PART I/ TOTAL		NATIONAL INSTITUTES OF HEALTH									
			NIAAD		NIADB		NCI/	NCRR/	NEHR	NHI	NINDB/	NIGMS/
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT	NO. AMOUNT
WASHINGTON												
WALLA WALLA COLLEGE	2	21,062										
WASHINGTON UNIV OF	15	429,854	3	49,972	2	53,839	2	30,000		5	207,118	2	44,925	1	40,000
TOTAL	17	450,916	3	49,972	2	53,839	2	30,000		5	207,118	4	55,987	1	40,000
WEST VIRGINIA												
WEST VIRGINIA UNIV OF	2	19,996					1	5,000		1	14,996				
TOTAL	2	19,996					1	5,000		1	14,996				
WISCONSIN												
MARQUETTE UNIV	5	70,162	1	8,000			2	32,000		1	25,000	2	9,162		
WISCONSIN UNIV OF	6	205,928			1	19,484	1	23,000	1 45,792	2	93,840	1	17,840		
TOTAL	12	276,310	1	8,000	1	19,484	3	55,000	1 45,792	3	118,840	3	27,122		
PUERTO RICO												
PUERTO RICO UNIV OF	8	139,639	2	28,318	1	33,238	1	23,000		3	44,167	1	4,766		
TOTAL	8	139,639	2	28,318	1	33,238	1	23,000		3	44,167	1	4,766		
CANADA												
MCGILL UNIV	1	12,582			1	12,582									
TOTAL	1	12,582			1	12,582									

Note:- 767 grants distributed among 138 institutions located in 41 States, District of Columbia, 1 Territory, and 1 foreign country.

V. RESEARCH FELLOWSHIPS, PART-TIME FELLOWSHIPS, AND TRAINEESHIPS

PART II

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

DRG/ALB
Report # 538-Part II
6-30-57

PUBLIC HEALTH SERVICE TRAINING GRANTS (NIMH only) 1/
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution; as of June 30, 1957
(Institution data include grants to components)

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
United States, Territories, and Foreign Countries TOTAL	444	$12,064,964
ALABAMA		
ALABAMA UNIV OF	1	33,054
TOTAL	1	33,054
ARKANSAS		
ARKANSAS UNIV OF	1	31,758
TOTAL	1	31,758
CALIFORNIA		
CALIFORNIA UNIV OF	16	797,362
CHILDRENS HOSP SAN FRANCISCO	1	8,000
COLLEGE OF MEDICAL EVANGELISTS	2	29,087
COLLEGE OF OSTEOPATHIC PHYSICIANS AND SURGEONS	1	17,500
HERRICK MEMORIAL HOSPITAL	1	15,200
INST FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIF	1	5,000
LOS ANGELES INST FOR PSYCHOANALYSIS	1	5,000
LOS ANGELES PSYCHIATRIC SERVICES	2	33,056
MOUNT ZION HOSPITAL	2	28,510
PASADENA CHILD GUIDANCE CLINIC	1	4,500
REISS-DAVIS CLINIC FOR CHILD GUIDANCE	1	14,410
SAN FRANCISCO PSYCHOANALYTIC INST	1	5,000
SOUTHERN CALIF UNIV OF	5	156,527
STANFORD UNIV	4	107,877
TOTAL	39	1,227,029

1/ Data for all other training grant programs, excluding National Institute of Mental Health, are shown in Report # 538, Part I.

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
COLORADO		
COLORADO UNIV OF	8	252,484
DENVER UNIV OF	1	53,861
LORETTO HEIGHTS COLLEGE	1	9,551
TOTAL	10	315,896
CONNECTICUT		
CONNECTICUT STATE HOSPITAL	1	11,601
CONNECTICUT UNIV OF	2	29,083
INST OF LIVING	1	55,617
WESTERN NEW ENGLAND INST FOR PSYCHOANALYSIS	1	5,000
YALE UNIVERSITY	10	355,261
TOTAL	15	456,562
DISTRICT OF COLUMBIA		
AMERICAN PSYCHOANALYTIC ASSOCIATION	1	19,980
AMERICAN PSYCHOLOGICAL ASSOCIATION	1	19,000
CATHOLIC UNIVERSITY OF AMERICA	5	202,401
CHILDRENS HOSPITAL	1	46,517
GEORGE WASHINGTON UNIVERSITY	1	29,166
GEORGETOWN UNIVERSITY	3	83,573
HOWARD UNIVERSITY	3	106,119
WASHINGTON PSYCHOANALYTIC INST	1	5,000
TOTAL	16	511,756
FLORIDA		
FLORIDA UNIVERSITY OF	3	27,897
FLORIDA STATE UNIVERSITY	1	18,489
MIAMI UNIVERSITY OF	4	77,478
TOTAL	8	123,864

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
GEORGIA		
ATLANTA UNIVERSITY	1	40,548
EMORY UNIVERSITY	1	25,000
GEORGIA MEDICAL COLLEGE OF	1	33,053
TOTAL	3	98,601
ILLINOIS		
CHICAGO COLLEGE OF OSTEOPATHY	1	17,500
CHICAGO INST FOR PSYCHOANALYSIS	1	10,000
CHICAGO MEDICAL SCHOOL	1	33,054
CHICAGO UNIVERSITY OF	5	203,911
ILLINOIS UNIVERSITY OF	5	99,293
INSTITUTE FOR PSYCHOANALYSIS	1	10,000
LOYOLA UNIVERSITY	4	105,862
MICHAEL REESE HOSPITAL	1	52,665
NORTHWESTERN UNIVERSITY	2	47,771
TOTAL	21	580,056
INDIANA		
INDIANA UNIVERSITY FOUNDATION	1	10,389
PURDUE UNIVERSITY	1	22,140
INDIANA UNIVERSITY OF	3	77,131
TOTAL	5	109,660
IOWA		
DES MOINES STILL COLLEGE OF OSTEOPATHY AND SURGERY	1	21,388
IOWA STATE UNIVERSITY OF	6	135,573
TOTAL	7	156,961

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
KANSAS		
KANSAS UNIVERSITY OF	4	109,326
MENNINGER FOUNDATION	3	100,497
TOPEKA INSTITUTE FOR PSYCHOANALYSIS	1	5,000
TOPEKA STATE HOSPITAL	1	13,296
WINFIELD STATE TRAINING SCHOOL	1	7,000
TOTAL	10	235,319
KENTUCKY		
KENTUCKY UNIVERSITY OF	1	14,040
LOUISVILLE UNIVERSITY OF	4	96,976
TOTAL	5	111,016
LOUISIANA		
LOUISIANA STATE UNIVERSITY	6	192,195
SOUTHEAST LOUISIANA HOSPITAL	1	3,113
TULANE UNIVERSITY	3	143,457
TOTAL	10	338,767
MARYLAND		
BALTIMORE PSYCHOANALYTIC INST	1	5,000
CHESTNUT LODGE RESEARCH INST INC.	2	21,568
JOHNS HOPKINS UNIVERSITY	3	79,917
MARYLAND UNIVERSITY OF	6	165,122
SHEPPARD AND ENOCH PRATT SCHOOL	1	11,800
TOTAL	13	283,407
MASSACHUSETTS		
AUSTEN RIGGS CENTER	2	37,874
BETH ISRAEL HOSPITAL	2	98,971
BOSTON COLLEGE	2	40,536
BOSTON PSYCHOANALYTIC SOCIETY AND INST	1	5,000
BOSTON STATE HOSPITAL	1	4,800

		NATIONAL INSTITUTE OF MENTAL HEALTH	
		NO	AMOUNT
MASSACHUSETTS (CONTINUED)			
BOSTON UNIVERSITY		6	303,121
CHILDRENS MEDICAL CENTER		4	148,232
CLARK UNIVERSITY		1	36,400
DOUGLAS A THOM CLINIC FOR CHILDREN		1	12,942
HARVARD UNIVERSITY		8	264,044
MASSACHUSETTS GENERAL HOSPITAL		4	124,365
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		1	8,000
MASSACHUSETTS MENTAL HEALTH CENTER		1	13,745
MASSACHUSETTS UNIVERSITY OF		2	29,738
MCLEAN HOSPITAL		1	38,293
PETER BENT BRIGHAM HOSPITAL		1	4,000
PSYCHIATRIC TRAINING FACULTY OF MASS		1	17,397
JAMES JACKSON PUTNAM CHILDRENS CENTER		1	28,308
SIMMONS COLLEGE		2	46,500
SMITH COLLEGE		2	80,901
TUFTS UNIVERSITY		2	20,734
WALTER E FERNALD STATE SCHOOL		1	4,000
WORCESTER FOUND FOR EXPERIMENTAL BIOLOGY		2	36,708
WORCESTER YOUTH GUIDANCE CENTER		1	12,844
	TOTAL	50	1,417,653
MICHIGAN			
MERCY COLLEGE		1	13,675
MICHIGAN UNIVERSITY OF		5	157,140
WAYNE STATE UNIVERSITY		5	153,602
	TOTAL	11	324,417
MINNESOTA			
COLLEGE OF SAINT SCHOLASTICA		1	9,585
COLLEGE OF SAINT TERESA		1	3,024
MINNESOTA DEPT OF PUBLIC WELFARE		1	37,073
MINNESOTA UNIVERSITY OF		8	297,795

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
MINNESOTA (CONTINUED)		
WILDER FOUNDATION	1	11,143
TOTAL	12	358,620
MISSISSIPPI		
MISSISSIPPI UNIVERSITY OF	1	33,054
TOTAL	1	33,054
MISSOURI		
KANSAS CITY MENTAL HEALTH FOUND	1	6,480
HOMER G PHILLIPS HOSPITAL	1	20,000
KANSAS CITY COLLEGE OF OSTEOPATHY & SURGERY	1	17,500
KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY	1	17,500
MISSOURI UNIVERSITY OF	3	56,178
ST LOUIS UNIVERSITY	2	60,722
WASHINGTON UNIVERSITY	5	208,611
TOTAL	14	386,991
NEBRASKA		
CREIGHTON UNIVERSITY	1	33,054
UNION COLLEGE	1	7,733
NEBRASKA UNIVERSITY OF	7	207,624
TOTAL	9	248,411
NEW HAMPSHIRE		
DARTMOUTH COLLEGE	1	18,526
TOTAL	1	18,526
NEW JERSEY		
RUTGERS COLLEGE	1	41,081
TOTAL	1	41,081

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
NEW YORK		
ADELPHI COLLEGE	2	33,292
UNION COLLEGE AND UNIVERSITY	2	51,264
NEW YORK PSYCHOANALYTIC INST	1	5,000
BROOKLYN JUVENILE GUIDANCE CENTER	1	4,000
BUFFALO UNIVERSITY OF	4	53,261
COLUMBIA UNIVERSITY	10	451,687
COUNCIL ON SOCIAL WORK EDUCATION INC	2	36,879
D'YOUVILLE COLLEGE	1	8,414
FORDHAM UNIVERSITY	1	29,161
HILLSIDE HOSPITAL	1	12,000
JEWISH BOARD OF GUARDIANS	1	8,000
JEWISH HOSPITAL OF BROOKLYN	1	24,609
MOUNT SINAI HOSPITAL	1	19,110
NATIONAL LEAGUE FOR NURSING	2	41,966
NATIONAL ASSOCIATION OF SOCIAL WORKERS	1	9,882
NATIONAL COMMITTEE ON ALCOHOLISM	1	5,905
N Y MEDICAL COLLEGE	1	29,115
N Y UNIVERSITY	6	205,047
NIAGARA UNIVERSITY	1	12,171
ROCHESTER UNIVERSITY OF	3	133,744
SKIDMORE COLLEGE	1	12,420
STATE UNIVERSITY OF NEW YORK	4	101,803
SYRACUSE UNIVERSITY	2	31,734
WAGNER LUTHERAN COLLEGE	1	9,212
YESHIVA UNIVERSITY	5	375,308
CORNELL UNIVERSITY	1	32,346
TOTAL	56	1,737,330

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
NORTH CAROLINA		
DUKE UNIVERSITY	5	149,165
NORTH CAROLINA HOSPITALS BOARD OF CONTROL	1	5,850
NORTH CAROLINA UNIVERSITY OF	10	300,532
WAKE FOREST COLLEGE	2	39,422
TOTAL	18	494,969
OHIO		
CINCINNATI UNIVERSITY OF	5	182,884
CLEVELAND GUIDANCE CENTER INC	1	1,500
UNIVERSITY HOSPITALS OF CLEVELAND	1	7,890
OHIO STATE UNIVERSITY	4	69,796
WESTERN RESERVE UNIVERSITY	6	178,335
TOTAL	17	440,405
OKLAHOMA		
OKLAHOMA UNIVERSITY OF	3	92,140
TOTAL	3	92,140
OREGON		
OREGON UNIVERSITY OF	2	37,941
TOTAL	2	37,941
PENNSYLVANIA		
BRYN MAWR COLLEGE	1	36,656
CHILDRENS SERVICE CENTER OF WYOMING VALLEY INC	1	6,800
HAHNEMANN MEDICAL COLLEGE	1	29,166
INST OF PENNSYLVANIA HOSPITAL	2	98,650
JEFFERSON MEDICAL COLLEGE	1	33,054
PENNSYLVANIA UNIVERSITY OF	7	193,059
PENNSYLVANIA STATE UNIVERSITY	1	42,996
INST OF PHILADELPHIA ASSN FOR PSYCHOANALYSIS	1	5,000

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
PENNSYLVANIA (CONTINUED)		
PHILADELPHIA CHILD GUIDANCE CLINIC	2	40,339
PHILADELPHIA COLLEGE OF OSTEOPATHY	1	15,000
PHILADELPHIA PSYCHIATRIC HOSPITAL	1	15,200
PHILADELPHIA PSYCHOANALYTIC INST	1	5,000
PITTSBURGH UNIVERSITY OF	6	164,856
TEMPLE UNIVERSITY	2	81,377
WOMANS MEDICAL COLLEGE OF PENNSYLVANIA	1	33,054
TOTAL	29	800,207
RHODE ISLAND		
EMMA PENDLETON BRADLEY HOME	2	38,080
TOTAL	2	38,080
SOUTH CAROLINA		
SOUTH CAROLINA MEDICAL COLLEGE OF	2	18,669
TOTAL	2	18,669
SOUTH DAKOTA		
SOUTH DAKOTA UNIVERSITY OF	1	4,509
TOTAL	1	4,509
TENNESSEE		
GEORGE PEABODY COLLEGE FOR TEACHERS	1	12,715
MEHARRY MEDICAL COLLEGE	2	29,387
TENNESSEE UNIVERSITY OF	5	107,023
VANDERBILT UNIVERSITY	5	122,143
TOTAL	13	271,268
TEXAS		
BAYLOR UNIVERSITY	2	32,118
TEXAS CHRISTIAN UNIVERSITY	1	8,726

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO	AMOUNT
TEXAS (CONTINUED)		
TEXAS UNIVERSITY OF	6	81,910
TOTAL	9	122,754
UTAH		
UTAH UNIVERSITY OF	4	89,910
TOTAL	4	89,910
VERMONT		
VERMONT UNIVERSITY OF	1	30,462
TOTAL	1	30,462
VIRGINIA		
CHILDRENS SERVICE CENTER	1	8,000
VIRGINIA MEDICAL COLLEGE	1	18,750
VIRGINIA UNIVERSITY OF	2	41,758
WILLIAM AND MARY COLLEGE	1	46,503
TOTAL	5	115,011
WASHINGTON		
COMMUNITY PSYCHIATRIC CLINIC FOR ADULTS	1	12,888
PINEL FOUNDATION INC	2	13,873
WASHINGTON STATE COLLEGE OF	1	9,413
WASHINGTON UNIVERSITY OF	5	138,619
TOTAL	9	174,793
WEST VIRGINIA		
WEST VIRGINIA UNIVERSITY OF	2	15,015
TOTAL	2	15,015

	NATIONAL INSTITUTE OF MENTAL HEALTH	
	NO.	AMOUNT
WISCONSIN		
MARQUETTE UNIVERSITY	2	25,292
WISCONSIN UNIVERSITY OF	3	64,069
TOTAL	5	89,361
HAWAII		
HAWAII UNIVERSITY OF	1	6,720
TOTAL	1	6,720
PUERTO RICO		
PUERTO RICO UNIVERSITY OF	2	42,961
TOTAL	2	42,961

Note.-- These awards are distributed among 178 institutions in 39 states, District of Columbia, and 2 Territories.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

PUBLIC HEALTH SERVICE FELLOWSHIP AWARDS
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution, as of June 30, 1957
(Institution data exclude grants to components)

DRG/ALS
Report 1 337 - Part I
6-30-57

	TOTAL		NATIONAL INSTITUTES OF HEALTH															
			NIAMD		NINDB		NCI		NHGRI		NIAID		NIH		NIMH		DRG (NURSE)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
United States Technician and Foreign Countries TOTAL	1,186	0,786,006	71	299,698	94	372,881	268	924,994	79	342,663	32	126,734	319	1,318,577	179	650,858	30	84,068	185	686,849
ALABAMA																				
ALABAMA UNIV OF	8	30,891											9	27,989	1	3,778				
TOTAL	8	30,891											9	27,989	1	3,778				
CALIFORNIA																				
CALIFORNIA UNIV OF	59	250,892	4	18,898	6	26,845	17	68,878	3	8,894			16	60,219	9	27,368	2	6,829	2	36,153
CHILDRENS HOSP SOCIETY OF	1	4,850			1	4,850														
COLLEGE OF MEDICAL EVANGELISTS	4	20,720											2	10,700			2	6,829		
CALIFORNIA DEPT OF PUBLIC HEALTH	1	693											1	693						
SOUTHERN CALIF UNIV OF	9	19,681					1	3,000	1	2,388			2	6,288	1	3,486				
STANFORD UNIV PACIFIC	11	47,129			2	12,898	2	8,887					1	3,681	3	13,363			2	8,834
CALIFORNIA INST OF TECHNOLOGY	2	19,838					2	12,142			1	6,686	1	6,688					1	6,688
CHILDRENS HOSP	1	6,898											1	2,898						
TOTAL	88	369,868	4	18,898	10	44,898	22	94,972	4	8,188	1	6,686	32	148,819	12	44,178	4	12,658	6	44,231
COLORADO																				
COLORADO UNIV OF	6	11,687					1	2,688	2	8,987			1	2,688						
TOTAL	6	11,687					1	2,688	2	8,987			1	2,688						
CONNECTICUT																				
CONNECTICUT UNIV OF	3	9,827					1	1,887							2	6,688				
INST OF LIVING	1	4,898			1	4,898														
YALE UNIV	42	177,240	2	8,898	1	8,898	14	69,186			2	17,828	4	18,688	12	49,183	1	8,868	2	26,898
TOTAL	46	187,867	2	8,898	2	12,898	17	58,823			2	17,828	4	18,688	14	53,863	1	8,868	2	26,898
DELAWARE																				
DELAWARE UNIVERSITY OF	1	2,798					1	2,798												
TOTAL	1	2,798					1	2,798												

1/ Includes foreign and Post Doctorate awards.
2/ Includes foreign and regular awards.

LEGEND
NIAMD - NATIONAL INSTITUTES OF ARTHRITIS AND METABOLIC DISEASES.
NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS.
NCI - NATIONAL CANCER INSTITUTE.
NHGRI - NATIONAL INSTITUTES OF DENTAL RESEARCH.
NIAID - NATIONAL INSTITUTES OF ALLERGY AND INFECTIOUS DISEASES.
NIH - NATIONAL HEART INSTITUTE.
NIMH - NATIONAL INSTITUTES OF MENTAL HEALTH.
DRG - DIVISION OF RESEARCH GRANTS (NONCOMPONENTS).

	TOTAL		NATIONAL INSTITUTES OF HEALTH															
			NIAID		NIMHD		NCI		NIDDK		NIAMS		NHLBI		NINR		DRG (RANGE)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
DISTRICT OF COLUMBIA																				
CARNEGIE INST OF WASH	1	942	1	942																
GEORGETOWN UNIV	8	56,004	1	5,500	1	2,750			4	23,446					2	5,308				
GEORGE WASHINGTON UNIV	4	12,436	1	3,990			1	4,226			1	3,910	1	508						
HOWARD UNIV	1	1,000											1	1,000						
AMER UNIV	2	4,983													2	4,983				
TOTAL	17	56,365	3	10,142	1	2,750	1	4,226	4	23,446	1	3,910	3	7,788	2	4,983				
FLORIDA																				
FLORIDA UNIVERSITY OF	9	21,042					1	2,795					2	5,498	1	3,245			1	9,504
MIAMI UNIV OF	6	33,500	1	6,888									3	27,500						
FLORIDA STATE UNIV	1	2,225																	1	2,225
TOTAL	12	56,767	1	6,888			1	2,795					7	32,798	1	3,245			2	11,729
GEORGIA																				
EMORY UNIV	3	23,542					1	2,480							1	8,506			1	12,636
GEORGIA UNIV OF	1	1,958					1	1,958												
CHAIRMAN GRANTS	1	10,000																	1	10,000
TOTAL	5	35,500					2	4,438							1	8,506			2	22,636
ILLINOIS																				
CHICAGO UNIV OF	25	93,890	2	8,858	3	11,618	9	19,762	2	2,618			4	9,578	9	41,458				
ILLINOIS UNIV OF	34	119,698	3	12,597			4	7,618	10	47,982	1	8,889	3	8,480	12	33,332			1	4,498
LOYOLA UNIV	1	5,568							1	5,568										
MICHAEL REESE HOSP	3	19,155											2	13,198						
NORTHWESTERN UNIV	11	49,498			1	1,448	2	2,931	2	13,938			2	8,798	2	11,398	1	1,898	1	8,988
PRESBYTERIAN-ST LUKES HOSP	2	9,498			1	4,158							1	5,298						
TOTAL	78	298,098	5	21,247	5	17,228	11	30,329	15	70,298	1	8,889	15	48,124	23	86,218	1	1,898	2	8,988
INDIANA																				
INDIANA UNIV	10	48,801			1	2,888	8	19,882	4	13,198	1	2,966	1	1,167	2	9,281			2	4,948
NOTRE DAME UNIV OF	2	4,558					1	1,758					1	2,800						
PURDUE UNIV	13	40,887	1	2,397	1	4,888	3	9,810	2	6,618	2	7,348	3	10,578						
TOTAL	24	93,846	1	2,397	2	6,888	12	31,428	6	19,888	4	9,906	5	14,597	2	9,281			2	4,948
IOWA																				
IOWA STATE UNIV OF	9	49,897			1	5,488	3	7,842	1	18,934			2	8,539	2	17,362				
TOTAL	9	49,897			1	5,488	3	7,842	1	18,934			2	8,539	2	17,362				

1/ Includes Senior and Post Doctorate awards.
2/ Includes Trainee and regular awards.

NIAID - NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES.
NIMHD - NATIONAL INSTITUTE OF MINORITY HEALTH AND DISPARITIES.
NCI - NATIONAL CANCER INSTITUTE.
NIDDK - NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES.
NIAMS - NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES.
NHLBI - NATIONAL HEART INSTITUTE.
NINR - NATIONAL INSTITUTE OF NURSING RESEARCH.
DRG - DIAGNOSIS RELATED GROUPS.

	TOTAL		NATIONAL INSTITUTES OF HEALTH															
			NIAAD		NIDDK		NCI		NHLBI		NIAID		NINR		NIGMS		DRG (NURSE)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
KANSAS							1	4,680	1	5,697			7	26,518	3	8,238			2	12,990
KANSAS UNIV OF	14	55,438													1	3,110				
MENNINGER FOUNDATION	3	5,110					1	4,680	1	5,697			7	26,518	4	13,348			2	12,990
TOTAL	17	60,548																		
KENTUCKY									1	4,236			3	12,611						
LOUISVILLE UNIV OF	4	17,081							1	4,236			3	12,611						
TOTAL	4	17,081																		
LOUISIANA											1	4,700	1	1,482	2	4,770			1	1,980
LOUISIANA STATE UNIV	9	19,072							1	2,780	1	2,175	2	10,671					1	8,640
TULANE UNIV	8	25,596	1	2,410					1	2,780	2	6,875	3	12,153	2	4,770			2	10,360
TOTAL	11	38,668	1	2,410																
MAINE							1	8,851												
ROSCOE B JACKSON MEMORIAL LABORATORY	1	8,851					1	8,851												
TOTAL	1	8,851																		
MARYLAND																				
JOHNS HOPKINS UNIV	62	174,471	2	12,750	6	22,719	13	49,057	3	8,490	2	7,950	10	34,511	1	8,936	1	9,200	4	24,050
MARYLAND UNIV OF	7	16,250					3	11,456			1	500			1	4,700				
U S NAVAL MEDICAL CENTER	1	3,784											1	3,784						
NAT INSTS OF HEALTH	14	51,664	5	11,030	1	3,400	3	18,028					4	13,856	1	5,850				
TOTAL	84	246,107	9	23,780	7	26,119	29	78,943	3	8,490	3	8,450	15	52,051	3	17,486	1	9,200	4	24,050
MASSACHUSETTS																				
BOSTON UNIV	12	47,353	1	980	1	2,500	3	13,610					4	23,243	1	2,980				
CLARK UNIV	4	10,500													4	10,500				
HARVARD UNIV	108	360,088	8	32,667	6	22,022	24	82,932	2	4,800	1	980	38	129,171	14	41,078	1	9,225	10	31,540
MC LEAN HOSP	1	5,250			1	5,250														
MASS GENERAL HOSPITAL	7	20,700			3	8,960	1	500							2	10,250			1	10,990
MASS INST TECH	98	109,181	1	2,975	4	15,990	13	40,443	1	2,760			4	20,497					7	23,626
MASS MEMORIAL HOSPITALS	4	20,198	2	10,646			1	5,400					1	4,152						
CHILDRENS MEDICAL CENTER	1	5,178													1	5,175				
NEW ENGLAND DEACONESS HOSPITAL	1	5,009					1	5,009												
RADCLIFFE COLLEGE	1	5,105			1	5,105														

	TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NIAAID		NIDDK		NCI		NHLBI		NIAMD		NIH		NINDS		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
Massachusetts (continued)																		
BOSTON CITY HOSP	2	9,227											2	9,227				
NEW ENGLAND MED CENTER	3	13,908					1	4,908					2	9,000				
BETH ISRAEL HOSP	1	4,200													1	4,200		
BRANDEIS UNIV	1	4,813					1	4,813										
WOODS HOLE OCEANOGRAPHIC INST	1	4,345															1	4,345
TUFTS UNIV	10	42,588	1	8,188			3	8,960					6	25,980				
WORCESTER STATE HOSP	1	2,550													1	2,550		
MASS DEPT OF MENTAL HEALTH	1	3,500													1	3,500		
PETER BENT BRIGHAM HOSP	3	12,655	1	4,643											1	8,190	1	3,820
FORSYTH DENTAL INFIRMARY FOR CHILDREN	1	8,000							1	8,000								
MASS MENTAL HEALTH CENTER	1	900													1	900		
MASS UNIVERSITY OF	2	3,070													2	3,070		
TOTAL	188	721,475	16	67,971	18	58,123	38	178,979	4	12,708	1	500	99	220,195	29	88,273	1	9,229	28	93,906
MICHIGAN																		
MICHIGAN STATE UNIV	3	7,086					2	4,824									1	2,262
MICHIGAN UNIV OF	27	93,719	1	2,346	1	3,908	2	7,175	2	6,240			5	34,310	6	27,045	3	13,103
WAYNE STATE UNIV	11	45,710	3	10,183	1	4,890							4	23,119			1	3,388
TOTAL	36	150,829	4	12,529	2	8,798	4	11,799	2	6,240			11	61,429	6	27,045	5	29,343
MINNESOTA																		
MAYO CLINIC	1	4,503											1	4,503				
MINNESOTA UNIV OF	26	140,598	3	17,917			3	12,256	2	8,986	1	8,730	11	32,837	1	9,306	1	1,797	4	52,831
TOTAL	27	145,101	3	17,917			3	12,256	2	8,986	1	8,730	12	36,962	1	9,306	1	1,797	4	52,831
MISSISSIPPI																		
MISSISSIPPI UNIV OF	4	17,181											2	6,611	1	7,620			1	2,946
TOTAL	4	17,181											2	6,611	1	7,620			1	2,946
MISSOURI																		
KIRKSVILLE COL OF OSTEOPATHY AND SURGERY	1	8,500									1	8,500						
MISSOURI UNIV OF	9	14,942					2	3,242					1	500			2	11,200
ST LOUIS UNIV	4	10,039			1	1,700			2	7,664					1	675		
WASHINGTON UNIV	16	63,839	1	500	1	3,036	4	16,922			2	17,400			9	23,210	1	12,771
TOTAL	28	93,320	1	500	2	4,736	6	20,164	2	7,664	3	25,900	1	500	10	23,885	3	23,971		
NEBRASKA																		
CREIGHTON UNIV	1	9,504			1	9,504												
NEBRASKA UNIV OF	6	24,648					1	6,408	2	8,408	3	12,832						
TOTAL	7	34,152			1	9,504	1	6,408	2	8,408	3	12,832						

	TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NCI		NHLI		NIAID		NIH		NIMH		DRG (NIMSE)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NEW HAMPSHIRE																
DARTMOUTH COL	2	1,700							2	1,700						
STATE	2	1,700							2	1,700						
NEW JERSEY																
RUTGERS UNIV	2	4,972	1	2,810					1	2,162						
ST MICHAELS HOSP	1	4,800							1	4,800						
PRINCETON UNIV	2	3,400	1	500							1	2,900				
STATE	5	12,972	2	3,310					2	7,062	1	2,900				
NEW YORK																
UNION COLLEGE AND UNIV	2	10,890					1	3,890							1	12,960
MARY IMOGENE BASSETT HOSP	1	4,780							1	4,780						
BUFFALO UNIV OF	4	14,880	1	2,224					2	8,250						
COLUMBIA UNIV	50	158,932	21	42,183	1	8,112			7	32,966	6	29,447	3	10,660	1	9,050
CORNELL UNIV	17	63,077	2	8,830					3	15,490	8	31,862			1	4,130
MAIMONIDES HOSP OF BROOKLYN	1	9,750							1	9,750						
FORDHAM UNIV	3	7,100	2	5,260							1	1,840				
ADELPHI COLLEGE	1	2,500									1	2,500				
LENOX HILL HOSP	1	5,250							1	5,250						
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK	2	3,932							1	980	1	2,952				
SLOAN KETTERING INST FOR CANCER RES	1	4,900	1	4,900												
MONTEFIORE HOSP NEW YORK CITY	3	6,600							3	6,600						
MT SINAI HOSP NEW YORK CITY	3	13,440	1	4,299					1	4,990						
N Y MEDICAL COLLEGE N Y C	2	6,600							2	6,600						
N Y UNIVERSITY N Y C	16	83,939	2	14,969	1	500	2	7,857	1	5,365	4	18,490	2	10,497	1	3,660	3	13,081
YESHIVA UNIV N Y C	6	57,896	1	5,000	1	4,396	2	10,634									4	39,10
JEWISH CHRONIC DISEASE HOSP BROOKLYN	1	900							1	900						
ROCHESTER UNIV OF	21	106,771	1	900	2	8,294	1	3,188	4	33,196	6	44,194	3	4,800			2	10,787
SYRACUSE UNIV	6	20,789					2	8,879					1	3,830	2	8,780	1	3,040
RES FOUNDATION FOR MENTAL HYGIENE INC	1	2,970											1	2,970				
BROOKHAVEN NATIONAL LABORATORY	1	5,880					1	5,880										
ROCKEFELLER INST FOR MEDICAL RESEARCH	3	13,468					2	8,983									1	5,013
ROSWELL PARK MEM INST	1	20,500							1	20,500						
P H RESEARCH INST OF THE CITY OF NEW YORK INC	1	1,880							1	1,880						
AMER MUSEUM OF NATURAL HISTORY	4	10,876					1	5,883			2	7,849				
STATE	194	619,960	9	48,139	13	43,971	30	156,481	6	66,623	2	7,952	27	134,189	29	99,248	6	22,960	24	90,190

		Total		National Institutes of Health																	
		No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
NORTH CAROLINA																					
DUKE UNIV		19	71,007	1	2,094	2	7,736	2	9,488	1	2,280			2	4,040	4	15,076			2	10,336
NORTH CAROLINA UNIV OF		19	72,711			1	4,158	1	1,407	1	4,084			4	15,048	1	2,178	2	9,884	4	11,172
WAKE FOREST COLLEGE		0	40,491											2	10,288	1	8,080			2	11,071
NORTH CAROLINA STATE COLLEGE		1	2,600	1	2,600																
	TOTAL	37	187,050	2	9,884	3	13,888	3	13,167	2	6,364			10	30,072	6	29,634	2	9,884	8	78,189
NORTH DAKOTA																					
NORTH DAKOTA UNIVERSITY OF		4	13,008			1	7,078	2	4,184					1	2,184						
	TOTAL	4	13,008			1	7,078	2	4,184					1	2,184						
OHIO																					
CINCINNATI UNIV OF		9	20,254											4	16,184	1	4,180				
OHIO STATE UNIV		19	83,767					3	9,888	3	10,732	3	13,888			2	10,388			1	9,736
WESTERN RESERVE UNIV		10	68,290	2	12,894			7	28,891					2	10,812	2	11,888			3	27,828
	TOTAL	37	172,291	2	12,894			10	38,888	3	10,732	3	13,888	9	29,816	4	26,878			4	37,464
OKLAHOMA																					
OKLAHOMA UNIV OF		7	31,296					2	4,888			1	4,728	2	10,888					1	11,888
OKLAHOMA MEDICAL RESEARCH FOUND		1	3,800	1	2,888																
	TOTAL	8	39,196	1	2,888			2	4,888			1	4,728	2	10,888					1	11,888
OREGON																					
OREGON UNIV OF		6	29,602			1	4,888			1	4,888					4	12,180				
OREGON STATE COL		1	880											1	888						
	TOTAL	7	30,102			1	4,888			1	4,888			1	888	4	12,180				
PENNSYLVANIA																					
CHILDRENS HOSP		2	5,817									1	2,888	1	4,128						
HAHNEMANN MED COLLEGE AND HOSP		4	29,714											3	20,284	1	4,888				
JEFFERSON MED COLLEGE		1	800					1	888												
[illegible] COLLEGE		1	2,402													1	2,402				
INSTITUTE FOR CANCER RESEARCH INC		2	10,780					1	888					1	10,288						
PENNSYLVANIA STATE UNIV		1	2,792													1	2,792				
PENNSYLVANIA UNIV OF		32	110,487			1	1,888	9	20,823	6	21,899	1	2,888	6	22,489	4	9,888			1	8,288
PHILADELPHIA GENERAL HOSP		3	19,733											2	10,733						
PITTSBURGH UNIV OF		7	30,035	1	2,888			3	8,288					1	2,888					2	17,888
PHILADELPHIA COLLEGE OF OSTEOPATHY		1	4,188					1	8,288												
TEMPLE UNIV		1	2,822			1	2,888														
PRESBYTERIAN HOSP		1	3,888					1	3,888												
	TOTAL	56	222,888	1	2,888	2	2,888	16	68,888	6	21,899	2	2,888	17	68,888	7	19,217			5	26,888

		TOTAL		NATIONAL INSTITUTES OF HEALTH											
				NIAID		NIDDK		NCI		NEHR		NIGMS		NIMH		DRG (NURSE)		DRG (OTHER) 1/	
		NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
RHODE ISLAND																			
BROWN UNIV		3	11,272					2	9,672					1	1,750				
	TOTAL	3	11,272					2	9,672					1	1,750				
SOUTH CAROLINA																			
SOUTH CAROLINA MED COLL OF		3	10,190										3	10,190					
	TOTAL	3	10,190										3	10,190					
TENNESSEE																			
TENNESSEE UNIV OF		5	32,544			1	4,250	1	1,986	1	10,100			1	5,707			1	9,531
VANDERBILT UNIVERSITY		11	30,853	2	3,548			3	7,190	1	7,700		2	9,160			3	23,203
OAK RIDGE NAT LAB		5	23,305					4	19,855				1	3,750					
	TOTAL	21	106,702	2	3,548	1	4,250	8	29,781	2	17,800		3	12,910	1	5,707	4	32,734	
TEXAS																			
BAYLOR UNIV		4	16,198			1	3,648						2	1,650			1	10,900	
TEXAS TECHNOLOGICAL COLLEGE		1	765												1	765			
TEXAS A AND M COLLEGE		2	4,197			1	2,922	1	1,275										
TEXAS UNIV OF		4	6,582							1	1,750	1	2,642	1	1,580			1	500
TEXAS CHRISTIAN UNIV		1	1,284									1	1,284						
RICE INST		2	5,369	1	4,650													1	719
	TOTAL	14	34,003	1	4,650	2	6,770	1	1,275	1	1,750	2	4,626	3	3,650	1	765	3	12,019
UTAH																			
UTAH UNIV OF		5	24,000					3	8,400				2	15,600					
UTAH STATE UNIVERSITY		1	840									1	840						
	TOTAL	6	24,840					3	8,400			1	840	2	15,600				
VERMONT																			
VERMONT UNIVERSITY OF		2	9,886										2	9,886					
	TOTAL	2	9,886										2	9,886					
VIRGINIA																			
VIRGINIA MEDICAL COLLEGE		3	10,068							1	4,898		2	5,470					
VIRGINIA UNIV OF		3	6,832					1	3,400				1	1,709	1	1,724			
	TOTAL	6	16,900					1	3,400	1	4,898		3	7,179	1	1,724			

	TOTAL		NATIONAL INSTITUTES OF HEALTH															
			NIAAID		NIDDK		NCI		NHGRI		NIAMS		NIH		NINDS		DRG (INTRAM)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
WASHINGTON																				
WASHINGTON STATE COL	2	2,671			1	2,121	1	550												
WASHINGTON UNIV OF	25	99,006	4	8,071	3	13,374							12	54,813			2	9,128	2	14,079
TOTAL	29	101,677	4	8,071	4	17,495	1	550					12	54,813			2	9,128	2	14,079
WISCONSIN																				
MARQUETTE UNIV	4	27,519					3	8,129	1	7,791					1	3,469			1	12,980
WISCONSIN UNIV OF	13	54,233			1	6,100	6	16,120					4	28,823	2	6,970			2	6,920
TOTAL	17	81,752			1	6,100	9	25,249	1	7,791			4	28,823	3	10,439			3	19,900
PUERTO RICO																				
PUERTO RICO UNIV OF MAYAGUEZ P R	1	2,740											1	2,740						
TOTAL	1	2,740											1	2,740						
AUSTRALIA																				
AUSTRALIAN NAT UNIV CANBERRA AUSTRALIA	1	5,274													1	5,274				
TOTAL	1	5,274													1	5,274				
BELGIUM																				
BRUSSELS UNIVERSITY OF BELGIUM	2	10,848			1	5,736	1	5,092												
TOTAL	2	10,848			1	5,736	1	5,092												
BRITISH ISLES																				
MOUNT VERNON HOSP MIDDLESEX ENGLAND	2	5,000					2	5,000												
LEEDS UNIVERSITY OF LEEDS ENGLAND	1	4,819					1	4,819												
ROTHAMSTED EXPER STATION HARPENDEN ENGLAND	1	6,256					1	6,256												
CHESTER BEATTY RESEARCH INST LONDON ENGLAND	1	2,702					1	2,702												
BRISTOL UNIV OF BRISTOL ENGLAND	1	10,000													1	10,000				
CAMBRIDGE UNIVERSITY CAMBRIDGE ENGLAND	10	42,910	1	5,276			6	15,777					3	13,857					2	7,000
OXFORD UNIV OF ENGLAND	3	17,768			1	7,894	2	1,930					2	7,944						
EDINBURGH UNIV SCOTLAND	1	5,091					1	5,091												
GREAT BRITAIN MED RESEARCH COUNCIL LONDON	2	11,650	1	6,256	1	5,400														
LONDON UNIV OF ENGLAND	18	69,023	1	3,641	3	14,964	4	12,867					6	23,794	2	10,457				
TOTAL	40	176,803	3	14,973	5	28,258	16	54,521					11	51,795	3	20,457			2	7,000

	TOTAL		NATIONAL INSTITUTES OF HEALTH													
			NIAID		NIDDK		NCI		NHLBI		NIGMS		NINDS		DRG (DIRECT)		DRG (OTHER) 1/	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
CANADA																		
MCGILL UNIV MONTREAL CANADA	2	10,280			2	10,280												
TORONTO UNIV OF CANADA	2	4,200	1	4,200														
TOTAL	4	14,480	1	4,200	2	10,280												
DENMARK																		
CARLSBERG FOUNDATION COPENHAGEN	1	8,328	1	8,328														
COPENHAGEN UNIV OF	2	5,481			2	5,481												
TOTAL	3	13,810	1	8,328	2	5,481												
FRANCE																		
PASTEUR INSTITUTE PARIS	1	9,297									1	9,297						
INSTITUT DU RADIUM PARIS FRANCE	1	11,844					1	11,844										
LE CENTRE NATIONAL DE TRANSFUSION SANGUINE PARIS FRANCE	1	9,401													1	9,401		
PARIS UNIV OF FRANCE	4	18,401					3	13,000			1	5,401						
TOTAL	7	41,111					4	24,844			2	14,698			1	9,401		
GERMANY																		
KIEL UNIV OF JOHANN PAUL KIEL GERMANY	1	7,316			1	7,316												
MAX-PLANCK INST FUR VERHALTENS PHYSIOL FULDERN GERMANY	2	10,600													1	5,900	1	4,700
MAX-PLANCK INST FOR PHYSICAL CHEMISTRY WEST GERMANY	1	4,340													1	4,340		
TOTAL	4	22,256	1	7,316											1	4,340	1	5,900	1	4,700
ISRAEL																		
WEIZMANN INST OF SCIENCE REHOVOTH ISRAEL	1	500					1	500										
TOTAL	1	500					1	500										
NETHERLANDS																		
LEIDEN UNIV OF LEIDEN NETHERLANDS	1	4,299									1	4,299						
TOTAL	1	4,299									1	4,299						
SWEDEN																		
STOCKHOLM HOSPITALS STOCKHOLM SWEDEN	2	7,594			1	3,594					1	4,000						
LUND UNIV OF LUND SWEDEN	1	4,644					1	4,644										
UPSALA UNIVERSITY OF SWEDEN	1	1,987											1	1,987				
KAROLINSKA INSTITUTET STOCKHOLM SWEDEN	6	27,062					2	9,284					3	16,400	1	1,378		
GOTHENBURG UNIV OF GOTHENBURG SWEDEN	1	2,590			1	2,590												
TOTAL	11	54,196			2	6,184	3	13,928			1	4,000	4	18,371	1	1,378		
SWITZERLAND																		
BASEL UNIVERSITY OF SWITZERLAND	2	8,013			1	3,580									1	2,429		
SWISS FEDERAL INSTITUTE OF TECHNOLOGY ZURICH SWITZERLAND	2	4,943					2	4,943										
TOTAL	4	12,956			1	3,580	2	4,943							1	2,429		

Note.- 1196 awards distributed among 185 institutions, located in 30 States, District of Columbia, 1 Territory, and 11 foreign countries.

Note.- 1196 awards distributed among 105 institutions, located in 30 States, District of Columbia, 1 Territory, and 11 foreign countries.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

PUBLIC HEALTH SERVICE PART-TIME RESEARCH FELLOWSHIP AWARDS
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution; as of June 30, 1957
(Institution data include grants to components)

DRG/ALB
Report - 537-Part II
6-30-57

		TOTAL		NATIONAL INSTITUTES OF HEALTH							
				NINDB		NCI		NIDR		NHI		DRG	
		NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
United States and Territories	TOTAL	974	627,680	190	127,088	128	81,216	230	154,440	14	9,504	483	255,432
ALABAMA													
ALABAMA UNIV OF		14	9,072			8	5,184	6	3,888				
	TOTAL	14	9,072			8	5,184	6	3,888				
ARKANSAS													
ARKANSAS UNIV OF		8	5,184			8	5,184						
	TOTAL	8	5,184			8	5,184						
CALIFORNIA													
CALIFORNIA UNIV OF		26	16,848	8	6,912	8	3,456	6	3,888			4	2,592
COLLEGE OF MEDICAL EVANGELISTS		18	11,776	*	864			6	3,888			12	7,024
PHYSICIANS & SURGEONS COLLEGE		6	3,888					6	3,888				
SOUTHERN CALIF UNIV OF		14	9,072	2	2,592			6	3,888			6	2,592
STANFORD UNIV		8	5,184									8	5,184
COLLEGE OF OSTEOPATHIC PHYSICIANS & SURGEONS		4	2,592	4	2,592								
	TOTAL	76	49,360	14	12,960	8	3,456	24	15,552			30	17,392

*/ Stipendiary increase for students supported by another institute.

LEGEND

NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS
NCI - NATIONAL CANCER INSTITUTE
NIDR - NATIONAL INSTITUTE OF DENTAL RESEARCH
NHI - NATIONAL HEART INSTITUTE
DRG - DIVISION OF RESEARCH GRANTS (NONCATEGORICAL)

	TOTAL		NATIONAL INSTITUTES OF HEALTH									
			NINDB		NCI		NIAM		NHI		NRC	
	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
COLORADO												
COLORADO UNIV OF	12	7,776									12	7,776
TOTAL	12	7,776									12	7,776
CONNECTICUT												
YALE UNIV	12	6,048	8	3,456							4	2,592
TOTAL	12	6,048	8	3,456							4	2,592
DISTRICT OF COLUMBIA												
CATHOLIC UNIV	4	2,592									4	2,592
GEORGETOWN UNIV	14	9,072	8	5,184			6	3,888				
GEORGE WASHINGTON UNIV	8	5,184	8	5,184								
HOWARD UNIV	18	11,664					10	6,480			8	5,184
TOTAL	44	28,512	16	10,368			16	10,368			12	7,776
FLORIDA												
FLORIDA UNIV OF	8	5,184									8	5,184
MIAMI UNIV OF	8	5,184			8	5,184						
TOTAL	16	10,368			8	5,184					8	5,184
GEORGIA												
EMORY UNIV	14	9,072	8	5,184			6	3,888				
GEORGIA MEDICAL COLLEGE OF	8	5,184			8	5,184						
TOTAL	22	14,256	8	5,184	8	5,184	6	3,888				

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NIDDR		NCI		NIDR		NEI		NHC	
	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
ILLINOIS												
CHICAGO UNIV OF	8	5,184									8	5,184
ILLINOIS UNIV OF	14	9,072	8	5,184			6	3,888				
LOYOLA UNIV	6	3,888					6	3,888				
NORTHWESTERN UNIV	14	9,072					6	3,888			8	5,184
CHICAGO MEDICAL SCHOOL	8	5,184									8	5,184
TOTAL	50	32,400	8	5,184			18	11,664			24	15,552
INDIANA												
INDIANA UNIV OF	14	9,072	8	5,184			6	3,888				
INDIANA UNIV FOUND RESEARCH DIV	4	2,592									4	2,592
TOTAL	18	11,664	8	5,184			6	3,888			4	2,592
IOWA												
IOWA STATE UNIV	18	11,664					6	3,888			12	7,776
TOTAL	18	11,664					6	3,888			12	7,776
KANSAS												
KANSAS UNIV OF	8	5,184									8	5,184
TOTAL	8	5,184									8	5,184
KENTUCKY												
LOUISVILLE UNIV OF	9	5,832	8	5,184			1	648				
TOTAL	9	5,832	8	5,184			1	648				

	TOTAL		NATIONAL INSTITUTES OF HEALTH									
			NIDDK		NCI		NIGMS		NHLI		NINC	
	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
LOUISIANA												
LOYOLA UNIV	6	3,888					6	3,888				
LOUISIANA STATE UNIV	8	5,184									8	5,184
TULANE UNIV	8	5,184			8	5,184						
TOTAL	22	14,256			8	5,184	6	3,888			8	5,184
MARYLAND												
JOHNS HOPKINS UNIV	8	5,184									8	5,184
MARYLAND UNIV OF	10	6,480					2	1,296	8	5,184		
TOTAL	18	11,664					2	1,296	8	5,184	8	5,184
MASSACHUSETTS												
BOSTON UNIV	8	5,184			8	5,184						
HARVARD UNIV	14	9,072	8	5,184			6	3,888				
BOSTON COLLEGE	3	1,944									3	1,944
SIMMONS COLLEGE	4	2,592									4	2,592
TUFTS UNIV	14	9,072					6	3,888			8	5,184
TOTAL	43	27,864	8	5,184	8	5,184	12	7,776			15	9,720
MICHIGAN												
MICHIGAN UNIV OF	14	9,072			8	5,184	6	3,888				
WAYNE STATE UNIV	8	5,184									8	5,184
DETROIT UNIV OF	2	1,296					2	1,296				
TOTAL	24	15,552			8	5,184	8	5,184			8	5,184

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NINDB		NCI		NIDR		NHI		NHO	
	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
MINNESOTA												
MINNESOTA UNIV OF	18	10,912					6	3,888			12	7,024
TOTAL	18	10,912					6	3,888			12	7,024
MISSISSIPPI												
MISSISSIPPI UNIV OF	8	5,184									8	5,184
TOTAL	8	5,184									8	5,184
MISSOURI												
KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY	8	5,184									8	5,184
MISSOURI UNIV OF	8	5,184									8	5,184
KANSAS CITY COLLEGE OF OSTEOPATHY & SURGERY	8	5,184							6	4,320	2	864
ST LOUIS UNIV	18	11,664			8	5,184	6	3,888			4	2,592
WASHINGTON UNIV	18	11,664					6	3,888			12	7,776
KANSAS CITY UNIV OF	6	3,888					6	3,888				
TOTAL	66	42,768			8	5,184	18	11,664	6	4,320	34	21,600
NEBRASKA												
CREIGHTON UNIV	12	7,776					4	2,592			8	5,184
NEBRASKA UNIV OF	11	7,128					3	1,944			8	5,184
TOTAL	23	14,904					7	4,536			16	10,368
NEW JERSEY												
SETON HALL UNIV	3	1,944					3	1,944				
FAIRLEIGH DICKINSON UNIV	6	3,888					6	3,888				
TOTAL	9	5,832					9	5,832				

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NIMHB		NCI		NIDR		NHI		DRG	
	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
NEW YORK												
UNION COLLEGE & UNIV	8	5,184			8	5,184						
BUFFALO UNIV OF	12	7,776									12	7,776
COLUMBIA UNIV	14	9,072	8	5,184			6	3,888				
CORNELL UNIV	8	5,184									8	5,184
ADELPHI COLLEGE	4	2,592									4	2,592
RESEARCH FOUND OF THE STATE UNIV OF NEW YORK	16	10,368			16	10,368						
NEW YORK MEDICAL COLLEGE	8	5,184	8	5,184								
NEW YORK UNIV	14	9,072					6	3,888			8	5,184
YESHIVA UNIV	8	5,184			8	5,184						
ROCHESTER UNIV	8	5,184	8	5,184								
TOTAL	100	64,800	24	15,552	32	20,736	12	7,776			32	20,736
NORTH CAROLINA												
DUKE UNIV	8	5,184									8	5,184
NORTH CAROLINA UNIV OF	14	9,072	8	5,184			6	3,888				
WAKE FOREST COLLEGE	8	5,184			8	5,184						
TOTAL	30	19,440	8	5,184	8	5,184	6	3,888			8	5,184
NORTH DAKOTA												
NORTH DAKOTA UNIV OF	8	5,184									8	5,184
TOTAL	8	5,184									8	5,184

		TOTAL		NATIONAL INSTITUTES OF HEALTH							
				NIAMDD		NCI		NIAGR		NHLI		NRC	
		NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
OHIO													
CINCINNATI UNIV OF		8	5,184	8	5,184								
OHIO STATE UNIV		14	9,072					6	3,888			8	5,184
WESTERN RESERVE UNIV		14	9,072			8	5,184	6	3,888				
	TOTAL	36	23,328	8	5,184	8	5,184	12	7,776			8	5,184
OKLAHOMA													
OKLAHOMA UNIV OF		8	5,184	8	5,184								
	TOTAL	8	5,184	8	5,184								
OREGON													
OREGON UNIV OF		14	9,072					6	3,888			8	5,184
	TOTAL	14	9,072					6	3,888			8	5,184
PENNSYLVANIA													
HAHNEMANN MEDICAL COLLEGE & HOSPITAL		8	5,184									8	5,184
JEFFERSON MEDICAL COLLEGE		8	5,184	8	5,184								
PENNSYLVANIA UNIV OF		14	9,072					6	3,888			8	5,184
PITTSBURGH UNIV OF		18	10,912	8	5,184			6	3,888			4	1,840
TEMPLE UNIV		14	9,072	8	5,184			6	3,888				
WOMANS MEDICAL COLLEGE OF PENN		8	5,184									8	5,184
	TOTAL	70	44,608	24	15,552			18	11,664			28	17,392
SOUTH CAROLINA													
SOUTH CAROLINA MEDICAL COLLEGE OF		8	5,184	8	5,184								
	TOTAL	8	5,184	8	5,184								

		TOTAL		NATIONAL INSTITUTES OF HEALTH							
				NIMHD		NCI		NIDA		NEI		NBIB	
		NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
SOUTH DAKOTA													
SOUTH DAKOTA UNIV OF		8	5,184									8	5,184
	TOTAL	8	5,184									8	5,184
TENNESSEE													
MEHARRY MEDICAL COLLEGE		8	5,184									8	5,184
TENNESSEE UNIV OF		14	9,072					6	3,888			8	5,184
VANDERBILT UNIV		8	5,184									8	5,184
	TOTAL	30	19,440					6	3,888			24	15,552
TEXAS													
BAYLOR UNIV		14	9,072	8	5,184			6	3,888				
TEXAS UNIV OF		18	11,664					6	3,888			12	7,776
	TOTAL	32	20,736	8	5,184			12	7,776			12	7,776
UTAH													
UTAH UNIV OF		8	5,184	8	5,184								
	TOTAL	8	5,184	8	5,184								
VERMONT													
VERMONT UNIV OF		8	5,184									8	5,184
	TOTAL	8	5,184									8	5,184

		TOTAL		NATIONAL INSTITUTES OF HEALTH							
				NIMHS		NCI		NIDR		NEI		DRG	
		NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
VIRGINIA													
VIRGINIA MEDICAL COLLEGE		14	9,072					6	3,888			8	5,184
VIRGINIA UNIV OF		8	5,184	8	5,184								
	TOTAL	22	14,256	8	5,184			6	3,888			8	5,184
WASHINGTON													
WASHINGTON UNIV OF		16	9,936	*	1,728			4	2,160			12	6,048
	TOTAL	16	9,936	*	1,728			4	2,160			12	6,048
WEST VIRGINIA													
WEST VIRGINIA UNIV OF		8	5,184									8	5,184
	TOTAL	8	5,184									8	5,184
WISCONSIN													
MARQUETTE UNIV		14	9,072	8	5,184			6	3,888				
WISCONSIN UNIV OF		8	5,184			8	5,184						
	TOTAL	22	14,256	8	5,184	8	5,184	6	3,888				
PUERTO RICO													
PUERTO RICO UNIV OF		8	5,184									8	5,184
	TOTAL	8	5,184									8	5,184

Note.- 97 part-time fellows located in 94 institutions covering 39 States, District of Columbia, 1 Territory.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institutes of Health

PUBLIC HEALTH SERVICE TRAINEESHIP AWARDS
Approved for Payment From Fiscal Year 1957 Funds
By State and Institution; as of June 30, 1957
(Institution data include grants to components)

DRG/ALS
Report #139
6-30-57

	TOTAL		NATIONAL INSTITUTES OF HEALTH					
			NIAMD		NINDB		NCI		NHI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
United States and Foreign Countries TOTAL	418	1,841,707	33	223,310	76	498,465	180	729,930	98	393,382
ALABAMA										
ALABAMA UNIV OF	2	8,622							2	8,622
TOTAL	2	8,622							2	8,622
ARKANSAS										
ARKANSAS UNIV OF	1	9,100					1	9,100		
TOTAL	1	9,100					1	9,100		
CALIFORNIA										
CALIFORNIA UNIV OF	9	37,797			1	8,600	6	24,653	2	7,644
CEDARS OF LEBANON HOSP	2	6,800					2	6,800		
CHILDRENS HOSP SOCIETY OF	1	4,671							1	4,671
HIGHLAND ALAMEDA COUNTY HOSP	1	4,622	1	4,622						
COLLEGE OF MEDICAL EVANGELISTS	1	4,490							1	4,490
SOUTHERN CALIF UNIV OF	3	14,683			1	9,620			2	5,483
STANFORD UNIV	2	7,800					2	7,800		
L A COUNTY HOSPITAL	3	10,938			1	8,000	2	8,938		
CHILDRENS HOSP	1	9,842	1	9,842						
TOTAL	23	99,703	2	9,464	3	18,620	12	49,190	6	22,344
COLORADO										
COLORADO UNIV OF	4	19,675					3	11,874	1	3,801
GLOCKNER PENROSE HOSPITAL	1	2,239					1	2,239		
PRESBYTERIAN HOSP	1	4,750					1	4,750		
TOTAL	6	22,664					5	18,863	1	3,801
CONNECTICUT										
YALE UNIV	2	8,280	1	4,490					1	3,790
TOTAL	2	8,280	1	4,490					1	3,790
DISTRICT OF COLUMBIA										
GEORGETOWN UNIV	6	29,614	1	7,800			3	14,064	1	3,750
GEORGE WASHINGTON UNIV	2	3,775					2	3,775		
ARMED FORCES INST PATH AMER RED PATH	2	11,000			2	11,000				
FREEDMENS HOSP	1	3,784					1	3,784		
TOTAL	11	43,973	2	7,800	2	11,000	6	21,623	1	3,750
FLORIDA										
MIAMI UNIV OF	4	17,373	2	7,800			1	4,490	1	3,883
TOTAL	4	17,373	2	7,800			1	4,490	1	3,883
GEORGIA										
EMORY UNIV	8	30,748					4	13,300	4	17,448
GEORGIA MEDICAL COLL OF	1	9,180					1	9,180		
TOTAL	9	39,928					5	18,630	4	17,448

LEGEND

NIAMD - NATIONAL INSTITUTE OF ARTHRITIS AND METABOLIC DISEASES.

NINDB - NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS.

NCI - NATIONAL CANCER INSTITUTE.

NHI - NATIONAL HEART INSTITUTE.

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NIAID		NIMDS		NCI		NHI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
ILLINOIS										
CHICAGO UNIV OF	5	10,900	1	4,900	1	6,000				
HEKTOEN INST FOR MEDICAL RES OF THE COOK CO HOSP	1	3,800	1	3,800						
ILLINOIS UNIV OF	3	11,470			2	7,370	1	4,100		
MICHAEL REESE HOSP	2	6,612							2	6,612
MICHAEL REESE RESEARCH FOUND	1	4,190	1	4,190						
NORTHWESTERN UNIV	3	7,967	1	3,467					1	4,550
MERCY HOSP INST RADIATION THERAPY	1	5,100					1	5,100		
TOTAL	12	49,999	4	16,367	3	13,370	2	9,200	3	11,162
INDIANA										
INDIANA UNIV	1	3,800					1	3,800		
TOTAL	1	3,800					1	3,800		
IOWA										
IOWA STATE UNIV OF	3	12,804	1	5,550	2	7,254				
IOWA METHODIST HOSP	1	4,800					1	4,800		
TOTAL	4	17,604	1	5,550	2	7,254	1	4,800		
KANSAS										
KANSAS UNIV OF	5	23,090	2	9,790			2	9,200	1	4,100
TOTAL	5	23,090	2	9,790			2	9,200	1	4,100
KENTUCKY										
LOUISVILLE UNIV OF	1	4,100							1	4,100
TOTAL	1	4,100							1	4,100
LOUISIANA										
CONFEDERATE MEMORIAL HOSP	1	4,750					1	4,750		
TULANE UNIV	5	32,100	1	4,150	3	22,500	1	5,450		
TOTAL	6	36,850	1	4,150	3	22,500	2	10,200		
MARYLAND										
JOHNS HOPKINS UNIV	10	49,913	1	3,963	3	29,950	4	16,000		
MARYLAND UNIV OF	6	25,411	1	4,861			3	12,350	2	8,200
TOTAL	16	75,324	2	8,824	3	29,950	7	28,350	2	8,200
MASSACHUSETTS										
HARVARD UNIV	5	27,510			3	18,500			2	9,010
MASS GENERAL HOSPITAL	8	42,342			3	25,550	2	5,042	3	11,950
MASS MEMORIAL HOSPITALS	5	23,401	3	13,101	1	6,550			1	3,750
CHILDRENS MEDICAL CENTER	2	9,750			1	6,000			1	3,750
BOSTON CITY HOSP	2	8,400					2	8,400		
NEW ENGLAND MED CENTER	2	9,350							2	9,350
BETH ISRAEL HOSP	2	8,317					2	8,317		
TUFTS UNIV	1	5,450					1	5,450		
PETER BENT BRIGHAM HOSP	4	19,950					3	11,150	1	4,800
LAHEY CLINIC	1	4,900					1	4,900		
VETERANS ADMIN HOSP	1	5,500							1	5,500
MASS EYE AND EAR INFIRMARY	1	7,500			1	7,500				
TOTAL	34	160,570	3	13,101	9	62,100	11	43,259	11	48,110

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NIAAID		NIMHD		NCI		NHI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
MICHIGAN										
CHILD RESEARCH CEN OF MICHIGAN	2	7,425							2	7,425
MICHIGAN UNIV OF	7	36,960			4	22,610	3	14,350		
WAYNE COUNTY GENERAL HOSPITAL	1	4,730					1	4,730		
WAYNE STATE UNIV	2	4,475					2	4,475		
FLINT OSTEOPATHIC HOSP	1	4,450							1	4,450
TOTAL	13	58,040			4	22,610	6	23,575	3	11,875
MINNESOTA										
MAYO CLINIC	2	17,000			2	17,000				
MINNESOTA UNIV OF	16	53,539					6	22,491	10	31,048
TOTAL	18	70,539			2	17,000	6	22,491	10	31,048
MISSISSIPPI										
MISSISSIPPI UNIV OF	1	4,800					1	4,800		
TOTAL	1	4,800					1	4,800		
MISSOURI										
ST LOUIS UNIV	3	13,350					2	9,500	1	4,850
WASHINGTON UNIV	6	19,400	1	3,600			5	11,600		
ELLIS FISCHEL STATE CANCER HOSP	2	8,350					2	8,350		
TOTAL	9	37,500	1	3,600			7	29,650	1	4,850
NEBRASKA										
NEBRASKA UNIV OF	3	16,190			1	6,500	2	9,690		
TOTAL	3	16,190			1	6,500	2	9,690		
NEW JERSEY										
SETON HALL UNIV	1	3,400	1	3,400						
TOTAL	1	3,400	1	3,400						
NEW YORK										
KINGS COUNTY HOSP	1	3,730							1	3,730
UNION COLLEGE AND UNIV	4	18,948			1	6,000	2	7,087	1	5,880
COLUMBIA UNIV	39	144,916	3	12,940	12	79,960	6	23,083	6	28,943
CORNELL UNIV	3	9,950			1	5,500	1	4,450		
HOSP FOR JOINT DISEASES	1	4,400	1	4,400						
SLOAN KETTERING INST FOR CANCER RES	16	64,973					16	64,973		
MONTEFIORE HOSP	1	4,450					1	4,450		
MT SINAI HOSP	5	23,537	1	4,500	1	8,500	2	8,550	1	6,287
N Y MEDICAL COLLEGE	9	11,630					2	7,130	1	4,500
N Y UNIVERSITY	19	62,965	7	31,615			3	7,850	1	3,700
YESHIVA UNIV	3	10,700			1	5,500	1	5,200		
ROCHESTER UNIV OF	6	21,317	2	6,434			2	8,683	2	6,200
MEMORIAL CENTER FOR CANCER AND ALLIED DISEASES	6	28,030					6	28,030		
HARLEM HOSP	1	3,400					1	3,400		
ROSWELL PARK MEM INST	1	3,400					1	3,400		
TOTAL	88	373,426	14	87,689	16	104,960	43	136,298	13	54,879

	TOTAL		NATIONAL INSTITUTES OF HEALTH							
			NIAAID		NIADB		NCI		NHI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
NORTH CAROLINA										
DUKE UNIV	10	89,329	1	4,890	1	7,500	4	21,730	3	25,549
NORTH CAROLINA UNIV OF	4	17,388	3	13,688			1	3,730		
WAKE FOREST COLLEGE	8	23,179			2	13,500	2	9,230	1	2,425
TOTAL	22	101,859	4	18,198	3	21,000	9	34,730	4	27,974
OHIO										
CHILDRENS HOSP	1	3,400							1	3,400
CINCINNATI UNIV OF	2	7,866					2	7,866		
CINCINNATI GENERAL HOSP	1	2,500					1	2,500		
CLEVELAND CITY HOSP	1	4,750					1	4,750		
WESTERN RESERVE UNIV	1	4,500							1	4,500
MT SINAI HOSP	1	4,100							1	4,100
TOTAL	7	26,816					4	14,816	3	12,000
OKLAHOMA										
OKLAHOMA UNIV OF	2	8,550					2	8,550		
TOTAL	2	8,550					2	8,550		
OREGON										
PROVIDENCE HOSP	1	5,550					1	5,550		
TOTAL	1	5,550					1	5,550		
PENNSYLVANIA										
HAHNEMANN MED COLLEGE AND HOSP	2	7,891							2	7,891
JEFFERSON MED COLLEGE	5	12,533					3	12,533		
PENNSYLVANIA HOSP	3	15,500	1	9,200			1	3,300	1	4,000
PENNSYLVANIA UNIV OF	19	80,996	1	5,000	3	14,150	10	42,074	3	19,772
PHILADELPHIA GENERAL HOSP	3	10,900	1	3,400			1	4,100	1	3,400
PITTSBURGH UNIV OF	3	7,550	1	4,150			1	3,400		
TEMPLE UNIV	8	31,636			2	10,436	4	14,600	2	6,636
WILLS EYE HOSP	3	17,116			3	17,116				
PRESBYTERIAN HOSP	1	3,700					1	3,700		
TOTAL	44	187,822	4	17,750	8	41,666	23	88,907	13	39,499
RHODE ISLAND										
RHODE ISLAND HOSP	1	4,100							1	4,100
TOTAL	1	4,100							1	4,100
SOUTH CAROLINA										
SOUTH CAROLINA MED COLL OF	3	12,600							3	12,600
TOTAL	3	12,600							3	12,600
TENNESSEE										
MEHARRY MED COLLEGE	2	9,916					2	9,916		
TENNESSEE UNIV OF	6	19,415					6	19,415		
TOTAL	8	29,991					8	29,991		

	TOTAL		NATIONAL INSTITUTES OF HEALTH					
			NIAMD		NINDB		NCI	
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT
TEXAS								
BAYLOR UNIV	1	$ 9,180						
HERMANN HOSP	2	8,850					2	8,850
TEXAS CHILDRENS HOSP	1	1,875						
TEXAS UNIV OF	6	22,250					5	18,800
TOTAL	10	38,875					7	27,650
UTAH								
UTAH UNIV OF	4	12,219	1	2,979			2	8,336
UTAH STATE DEPT OF HEALTH	1	900						
TOTAL	5	13,119	1	2,979			2	8,336
VERMONT								
VERMONT UNIVERSITY OF	1	3,763					1	3,763
TOTAL	1	3,763					1	3,763
VIRGINIA								
VIRGINIA MEDICAL COLLEGE	3	11,400	1	3,800			2	7,600
VIRGINIA UNIV OF	3	15,096	1	4,512			2	8,584
TOTAL	6	26,496	2	8,312			4	16,184
WASHINGTON								
WASHINGTON UNIV OF	7	35,975	2	9,525	1	7,500	2	9,250
SWEDISH HOSP	2	8,402					2	8,402
TOTAL	9	43,977	2	9,525	1	7,500	4	17,652
WISCONSIN								
WISCONSIN UNIV OF	3	11,990					2	7,850
TOTAL	3	11,990					2	7,850
BRITISH ISLES								
PRESTON ROYAL INFIRMARY ENGLAND	1	7,000			1	7,000		
ROYAL INFIRMARY EDINBURG SCOTLAND	1	7,500			1	7,500		
OXFORD UNIV OF ENGLAND	1	10,800			1	10,800		
LONDON UNIV OF ENGLAND	15	91,591	3	8,633	10	73,475		
TOTAL	18	116,891	3	8,633	13	98,775		
DENMARK								
COPENHAGEN UNIV OF	1	14,800			1	14,800		
TOTAL	1	14,800			1	14,800		
GERMANY								
MEDICAL ACADEMY AT DUSSELDORF GERMANY	1	9,387						
TOTAL	1	9,387						
ITALY								
ROME UNIVERSITY OF ITALY	1	6,212						
TOTAL	1	6,212						
SWEDEN								
KAROLINSKA INSTITUTET STOCKHOLM SWEDEN	2	9,742	1	3,309				
TOTAL	2	9,742	1	3,309				

Note.- 415 awards distributed among 122 institutions in 36 States, Distric of Columbia and 5 foreign countries.

THE HOSPITAL AND MEDICAL FACILITIES CONSTRUCTION PROGRAM
Under Title VI of the Public Health Service Act

SEMIANNUAL ANALYSIS
OF PROJECTS APPROVED FOR FEDERAL AID

as of December 31, 1957

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Division of Hospital and Medical Facilities
Program Evaluation and Reports Branch

January 27, 1958

28728 O—58——22

TABLE OF CONTENTS

Subject	Page
Summary Review and Analysis	b-c
STATISTICS OF CONSTRUCTION PROGRAM	
BY CONSTRUCTION STATUS:	
Table 1 - Consolidated Summary by Fiscal Year	1
1 C - Hospital Projects	2
1 G - Medical Facility Projects	3
Table 2 - Consolidated Summary of Projects by State	4-5
2 C - Hospital Projects	6-7
2 G - Medical Facility Projects	8-9
Table 3 C-Hospital Facility Projects Added by State	10-11
3 G-Medical Facility Projects Added by State (by Type)	12-15
BY CUMULATIVE VOLUME:	
Table 4 C-Cumulative Quarterly Summary of Hospital Projects	16
4 G-Cumulative Quarterly Summary of Medical Facility Projects	17
BY TYPE OF FACILITY:	
Table 5 - Consolidated Summary	18
5 C - Summary of Hospital Projects	18
5 G - Summary of Medical Facility Projects	18
Table 6 - Projects Approved by State	19-20
Table 7 - Summary of Beds Provided by Type of Care	21
7 a - State Distribution of General Hospitals	22-23
7 b - State Distribution of General Hospitals with Health Centers	24
7 c - State Distribution of Tuberculosis Hospitals	25
7 d - State Distribution of Mental Hospitals	26-27
7 e - State Distribution of Chronic Hospitals	28-29
7 f - State Distribution of Nursing Homes	30-31
Table 8 - State Distribution of Diagnostic Centers Provided	32-33
Table 9 - State Distribution of Rehabilitation Facilities Provided	34-35
Table 10- State Distribution of Public Health Centers Provided	36-37
Table 11- State Distribution of State Health Laboratories Provided	38
BY RESULTING CAPACITY:	
Table 12- Summary by Capacity in Beds	39
12 a - Distribution by Type, by Capacity in Beds	40-41
BY SIZE OF COMMUNITY:	
Table 13- Summary by Size of Community	42
13 a - Distribution by Type, by Size of Community	43-46
BY OWNERSHIP:	
Table 14- State Distribution of All Projects, by Ownership	47-48

SUMMARY REVIEW AND ANALYSIS OF PROGRAM
As of December 31, 1957

Background

The Hospital Survey and Construction (Hill-Burton) Program was instituted in August 1946. Its purpose is to make available adequate hospital, clinic and similar services to all the people through a program of grants to States for survey and planning; and, grants on a matching basis to assist in the construction of public and voluntary nonprofit hospitals, public health centers, and related facilities. Annual appropriations have been made since 1948 for construction grants to local sponsors under this Act. The program was augmented by amendments of 1954 to include additional grants for 4 classes of projects: hospitals for chronic care, nursing homes, diagnostic or treatment centers, and rehabilitation facilities.

Number of Approved Facilities and Construction Status

As of December 31, 1957, 3,725 projects have been approved for Federal assistance. Of these projects 2,496, providing 111,727 beds, have been completed and are in operation; 972 projects which will add 38,338 beds are under construction. The remaining 257 projects are in the preconstruction stage; these will provide an additional 11,135 beds. A grand total of 161,200 hospital beds and 974 health units for outpatient care will be available as a result of these projects.

Estimated Cost of All Projects

The total cost of all facilities approved amounts to three billion seventy four million dollars. The Federal contribution represents nine hundred fifty eight million dollars and is matched by sponsors' funds amounting to two billion one hundred sixteen million dollars.

Categories of Facilities

The majority of all approved applications are for general hospital projects. As of December 31, 1957, 65 percent were for general hospitals adding 128,359 beds, 3 percent for mental hospitals adding 13,663 beds, 2 percent for tuberculosis hospitals adding 7,118 beds, 3 percent for chronic disease facilities adding 7,518 beds, 3 percent for nursing homes adding 4,542 beds, 17 percent for public health centers, 4 percent for diagnostic centers, 2 percent for rehabilitation centers, and 1 percent for state health laboratories.

Size of Hospitals

New hospitals are relatively small in bed capacity; of the 1,238, 56 percent have fewer than 50 beds and 22 percent have from 50 to 99 beds; the remaining 22 percent have 100 beds or more. Hospital projects where additions or alterations are being made are larger; of the 1,501, 66 percent are facilities which will have a resulting capacity of 100 beds or more.

Ownership

Of the 161,200 beds being provided for inpatient care, 48 percent (77,056 beds) are publicly-owned, and 52 percent, (84,144 beds) are in nonprofit institutions. The majority of the 974 health units for outpatient care are publicly-owned, except for 147 units in nonprofit institutions.

Regional Distribution

In accordance with statutory requirements, the program is concentrated most strongly in States with low average income. The majority of approved projects are located in the Southern States. This census region has 1,845 projects, or 50 percent. The remainder are distributed as follows; 820 (23 percent) in the North Central States; 526 (14 percent) in the North East States; and 470 (13 percent) in the Western States.

Size of the Community

The majority of the new projects - 53 percent - are located in communities with less than 5,000 population; only 13 percent are in cities of 50,000 or more persons. Of the projects which involve additions or alterations to existing facilities, 20 percent are in communities with less than 5,000 population, and 34 percent are in cities with populations of 50,000 or more.

For general hospitals, also, the majority of new projects - 57 percent - are located in these smaller communities of less than 5,000 people, while only 8 percent are in cities of 50,000 or more people. Additions or alterations to existing general hospitals tend to occur in the larger communities: 20 percent are in communities of less than 5,000 people and 31 percent are in communities of over 50,000 population.

Prior Availability of General Hospitals

Of the 1,154 completely new general hospital projects, 575 (50 percent) are located in areas which had no hospitals prior to the beginning of this program; 288 (25 percent) are located in areas which had only nonacceptable facilities; the remaining new general hospitals are being built in areas which were deficient in these facilities prior to the program.

Remaining Need

The bed deficit of the nation is still great. Estimates by the States, reflected in official State Plans, indicate that about 889,000 additional hospital beds are still required to meet the nation's peacetime needs. Progress in alleviating this shortage is slow, because of population increase and obsolescence of existing facilities.

Table 1 - Consolidated Summary Showing Construction Status of Hospital and Medical Facility Projects Approved under the Public Health Service Act (Title VI) as Amended, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provided	
		Total Cost	Federal Share		Hospital Beds	Health Units
Total - All Projects	3,725	$3,073,551,836	$957,527,696		161,200	974
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	250	242,431,671	82,184,988	1952	11,394	67
	263	240,165,829	74,912,105	1953	11,537	76
	215	176,365,214	64,915,444	1954	8,808	72
	461	373,521,874	95,948,854	1955	13,627	188
	426	376,759,946	109,502,524	1956	16,745	136
	395	308,775,493	100,917,120	1957	14,426	125
	98	79,842,885	41,711,870	1958	4,183	14
	-	-	3,699,997	1959	-	-
In Operation	2,496	1,904,488,508	638,182,727		111,727	599
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	249	240,031,671	82,071,561	1952	11,394	67
	231	174,176,673	65,077,292	1953	9,595	73
	158	97,450,015	48,607,249	1954	5,424	61
	174	86,907,602	41,851,130	1955	3,580	71
	67	30,193,623	14,386,254	1956	1,254	31
	-	-	1,686,479	1957	-	-
	-	-	267,968	1958	-	-
Under Construction	972	950,153,902	251,768,001		38,338	305
	1	2,400,000	113,427	1952	-	-
	32	65,989,156	9,834,813	1953	1,942	3
	57	78,875,199	16,308,195	1954	3,384	11
	287	286,614,272	54,097,724	1955	10,047	117
	359	346,566,323	94,616,270	1956	15,491	105
	220	155,691,927	62,189,647	1957	6,897	65
	16	14,017,025	12,897,019	1958	577	4
	-	-	1,710,906	1959	-	-
Initially Approved	257	218,909,426	67,576,968		11,135	70
	175	153,083,566	37,040,994	1957	7,529	60
	82	65,825,860	28,546,883	1958	3,606	10
	-	-	1,989,091	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 1 C - Summary Showing Construction Status of Hospital Projects Approved by Fiscal Year, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provide	
		Total Cost	Federal Share		Hospital Beds	Health Centers
Total - All Projects	3,325	$2,857,106,216	$898,124,476		152,728	755
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	250	242,431,671	82,184,988	1952	11,394	67
	263	240,165,829	74,912,105	1953	11,537	76
	215	176,365,214	64,915,444	1954	8,808	72
	258	236,678,705	74,954,823	1955	8,981	70
	332	335,720,555	88,682,242	1956	14,965	84
	310	278,876,963	88,488,928	1957	12,855	82
	80	71,178,355	36,789,426	1958	3,708	8
	-	-	3,461,726	1959	-	-
In Operation	2,449	1,890,585,722	633,528,927		110,902	575
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	249	240,031,671	82,071,561	1952	11,394	67
	231	174,176,673	65,077,292	1953	9,595	73
	158	97,490,015	48,607,249	1954	5,424	61
	132	74,648,148	38,965,844	1955	2,837	50
	62	28,550,291	13,394,695	1956	1,172	28
	-	-	1,443,190	1957	-	-
	-	-	234,302	1958	-	-
Under Construction	670	767,258,973	202,887,086		31,803	131
	1	2,400,000	113,427	1952	-	-
	32	65,989,156	9,834,813	1953	1,942	3
	57	78,875,199	16,308,195	1954	3,384	11
	125	161,936,143	35,988,979	1955	6,144	20
	271	307,264,678	75,287,547	1956	13,793	56
	174	142,096,688	53,223,041	1957	6,167	40
	10	8,697,109	10,609,491	1958	373	1
	-	-	1,521,593	1959	-	-
Initially Approved	206	199,261,521	61,708,463		10,023	49
	136	136,780,275	33,822,697	1957	6,688	42
	70	62,481,246	25,945,633	1958	3,335	7
	-	-	1,940,133	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 1 G - Summary Showing Construction Status of Medical Facility Projects Approved, by Fiscal Year, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provided	
		Total Cost	Federal Share		Beds	Health Units
Total - All Projects	400	$216,445,620	$59,403,220		8,472	219
	204	136,937,583	20,994,031	1955	4,646	118
	93	40,944,977	20,820,282	1956	1,780	52
	85	29,898,530	12,428,192	1957	1,571	43
	18	8,664,530	4,922,444	1958	475	6
	-	-	238,271	1959	-	-
In Operation	47	13,902,786	4,653,800		825	24
	42	12,259,454	2,885,236	1955	743	21
	5	1,643,332	1,491,559	1956	82	3
	-	-	243,289	1957	-	-
	-	-	33,666	1958	-	-
Under Construction	302	182,894,929	48,880,915		6,535	174
	162	124,678,129	18,108,745	1955	3,903	97
	88	39,301,645	19,328,723	1956	1,698	49
	46	13,595,239	8,966,606	1957	730	25
	6	5,319,916	2,287,528	1958	204	3
	-	-	189,313	1959	-	-
Initially Approved	51	19,647,905	5,868,505		1,112	21
	39	16,303,291	3,218,297	1957	841	18
	12	3,344,614	2,601,250	1958	271	3
	-	-	48,958	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 2 - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)
Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approve		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	3,725	$3,073,552	$957,528	2,496	$1,904,489	$638,183	972	$950,154	$251,768	257	$218,909	$67,577
Alabama	106	65,247	36,271	63	45,469	24,027	29	13,548	8,218	14	6,231	4,026
Arizona	32	19,927	6,733	20	14,675	4,538	8	3,723	1,552	4	1,529	643
Arkansas	55	49,630	24,652	36	37,972	17,665	17	6,906	3,861	2	4,752	3,126
California	141	153,409	37,645	86	92,765	22,761	36	37,033	8,271	19	23,611	6,612
Colorado	37	27,700	8,203	21	12,308	4,511	16	15,392	3,692	-	-	-
Connecticut	44	47,830	6,657	27	29,238	4,343	17	18,591	2,314	-	-	-
Delaware	8	8,643	2,525	5	5,204	1,400	3	3,439	1,125	-	-	-
Dist. of Col.	11	16,315	2,937	7	8,902	1,962	4	7,413	975	-	-	-
Florida	99	74,483	22,606	63	42,382	15,386	23	23,490	4,495	13	8,611	2,725
Georgia	216	90,040	34,411	170	62,565	25,254	33	21,754	7,250	13	5,721	1,907
Idaho	30	14,936	4,174	24	12,176	3,037	6	2,760	1,137	-	-	-
Illinois	91	133,835	33,707	49	63,106	19,894	29	51,570	8,954	13	19,159	4,859
Indiana	67	70,121	22,856	45	45,196	16,421	19	22,821	5,896	3	2,104	539
Iowa	73	60,241	17,384	43	31,278	9,493	23	19,836	5,641	7	9,127	2,250
Kansas	57	46,923	13,270	36	24,584	8,493	15	17,338	3,749	6	5,002	1,028
Kentucky	126	79,034	30,886	95	43,121	21,997	30	35,863	8,863	1	50	25
Louisiana	109	70,439	26,315	78	47,796	17,038	23	18,618	7,186	8	4,024	2,091
Maine	25	18,193	7,105	11	7,415	3,667	13	9,432	2,838	1	1,346	600
Maryland	55	75,783	12,567	33	26,415	6,677	17	32,080	4,303	5	17,288	1,588
Massachusetts	96	115,429	21,007	58	72,121	13,480	33	36,789	6,277	5	6,519	1,250
Michigan	94	98,728	28,429	58	59,353	19,821	34	34,612	7,633	2	4,763	975
Minnesota	77	70,197	21,385	50	48,607	14,783	20	18,364	5,342	7	3,226	1,260
Mississippi	117	51,877	28,486	94	37,960	20,088	16	8,729	4,985	7	5,188	3,413
Missouri	59	66,784	23,478	25	33,507	13,772	31	32,268	9,239	3	1,008	467
Montana	33	10,160	2,952	21	6,898	1,974	12	3,262	978	-	-	-

Page 4

Table 2 Continued - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)

Table 2 Continued - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)
Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Nebraska	57	29,995	8,675	46	24,521	6,778	11	5,474	1,897	-	-	-
Nevada	15	6,071	2,159	10	3,151	1,248	5	2,920	910	-	-	-
New Hampshire	29	15,801	4,812	12	7,926	2,629	15	7,377	2,009	2	498	173
New Jersey	50	75,217	17,808	33	55,061	13,177	14	19,610	4,425	3	546	206
New Mexico	41	20,795	6,983	22	13,959	4,687	14	5,522	1,728	5	1,314	568
New York	128	191,516	42,387	92	110,268	28,649	28	70,513	10,194	8	10,735	3,545
North Carolina	257	100,802	37,473	202	72,950	26,107	46	27,045	10,965	9	802	401
North Dakota	31	13,545	4,582	18	6,394	2,139	13	7,151	2,443	-	-	-
Ohio	99	141,133	35,164	68	95,579	24,742	23	35,681	7,270	8	9,872	3,152
Oklahoma	118	54,586	21,435	93	40,085	16,925	10	6,094	1,738	15	8,407	2,772
Oregon	51	33,310	8,804	30	21,923	5,649	16	8,703	2,238	5	2,684	917
Pennsylvania	119	177,478	50,163	66	94,014	32,801	46	70,928	14,708	7	12,536	2,654
Rhode Island	19	25,601	4,077	12	19,217	3,040	7	6,385	1,037	-	-	-
South Carolina	145	49,388	23,402	114	35,586	17,313	23	11,717	5,153	8	2,085	936
South Dakota	31	13,293	4,709	20	7,656	2,610	11	5,637	2,098	-	-	-
Tennessee	119	85,152	32,072	77	60,973	22,253	26	13,803	5,829	16	10,375	3,991
Texas	167	161,190	58,474	126	122,913	42,172	31	30,033	12,445	10	8,244	3,858
Utah	22	13,164	5,490	16	8,548	3,430	6	4,616	2,060	-	-	-
Vermont	16	11,945	3,837	7	5,735	1,776	9	6,210	2,062	-	-	-
Virginia	95	79,550	27,973	55	48,314	17,932	32	21,295	8,301	8	9,941	1,740
Washington	49	55,104	11,222	36	35,857	6,666	11	18,653	4,356	2	595	200
West Virginia	42	52,311	16,226	24	20,173	9,681	16	31,031	5,870	2	1,108	676
Wisconsin	84	66,437	21,143	47	38,187	12,356	25	18,745	6,600	12	9,505	2,187
Wyoming	19	7,622	2,571	12	5,215	1,661	6	2,323	889	1	84	20
Alaska	10	4,341	1,496	7	4,013	1,332	3	328	164	-	-	-
Hawaii	11	10,577	3,376	7	7,330	2,306	2	3,153	1,023	2	94	47
Puerto Rico	41	41,694	24,356	24	27,892	15,624	16	13,576	8,582	1	225	150
Virgin Islands	2	30	18	2	30	18	-	-	-	-	-	-

Table 2 C - HOSPITAL PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	3,325	$2,857,106	$898,125	2,449	$1,890,586	$633,529	670	$767,259	$202,887	206	$199,261	$61,709
Alabama	94	61,675	34,075	63	45,469	24,027	20	10,722	6,497	11	5,485	3,550
Arizona	23	18,126	5,844	17	13,987	4,200	4	2,965	1,176	2	1,174	467
Arkansas	49	46,647	23,380	36	37,972	17,665	12	4,175	2,757	1	4,500	2,958
California	121	141,522	34,851	83	91,362	22,472	26	30,243	6,595	12	19,916	5,785
Colorado	29	26,129	7,591	19	12,001	4,392	10	14,128	3,198	-	-	-
Connecticut	33	43,877	5,871	22	27,926	3,915	11	15,951	1,956	-	-	-
Delaware	6	6,789	1,875	5	5,204	1,400	1	1,585	475	-	-	-
Dist. of Col.	8	12,416	2,412	7	8,902	1,962	1	3,513	450	-	-	-
Florida	87	62,623	21,037	61	41,365	14,980	15	13,220	3,518	11	8,037	2,539
Georgia	206	85,100	32,600	168	62,222	25,083	25	17,158	5,610	13	5,721	1,907
Idaho	25	13,689	3,557	23	11,889	2,896	2	1,800	661	-	-	-
Illinois	77	123,000	31,763	49	63,106	19,894	19	43,866	7,447	9	16,028	4,422
Indiana	55	63,795	21,778	44	44,402	16,383	10	18,368	5,053	1	1,026	342
Iowa	69	56,364	16,441	43	31,278	9,493	20	16,171	4,770	6	8,914	2,179
Kansas	51	44,425	12,406	36	24,584	8,493	9	14,839	2,885	6	5,002	1,028
Kentucky	120	72,994	29,461	95	43,121	21,997	24	29,823	7,439	1	50	25
Louisiana	102	68,449	25,337	78	47,796	17,038	17	16,766	6,283	7	3,887	2,017
Maine	21	14,276	6,586	11	7,415	3,667	9	5,515	2,318	1	1,346	600
Maryland	49	70,039	11,186	33	26,415	6,677	12	27,148	3,192	4	16,476	1,317
Massachusetts	87	109,713	19,948	57	71,447	13,406	25	31,747	5,292	5	6,519	1,250
Michigan	84	93,233	27,080	58	59,353	19,821	24	29,117	6,284	2	4,763	975
Minnesota	71	64,593	20,212	50	48,607	14,783	15	13,696	4,398	6	2,290	1,031
Mississippi	112	50,527	27,591	94	37,960	20,088	12	7,463	4,146	6	5,105	3,357
Missouri	51	62,214	22,361	25	33,507	13,772	24	28,006	8,239	2	702	351
Montana	26	8,393	2,265	20	6,360	1,771	6	2,032	494	-	-	-

Table 2 C - Continued - HOSPITAL PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Nebraska	51	27,206	7,688	44	23,676	6,547	7	3,530	1,142	-	-	-
Nevada	12	4,748	1,647	10	3,151	1,248	2	1,597	399	-	-	-
New Hampshire	14	12,180	3,622	9	7,232	2,287	4	4,495	1,184	1	453	151
New Jersey	39	71,330	16,904	31	54,429	13,058	7	16,777	3,797	1	125	50
New Mexico	30	17,851	5,856	21	13,846	4,631	7	3,365	925	2	640	300
New York	115	177,117	39,858	91	109,852	28,513	16	56,530	7,800	8	10,735	3,545
North Carolina	251	97,981	36,066	201	72,887	26,072	41	24,293	9,593	9	802	401
North Dakota	26	11,475	3,729	18	6,394	2,139	8	5,081	1,590	-	-	-
Ohio	93	134,982	33,636	68	95,579	24,742	18	29,961	5,886	7	9,442	3,008
Oklahoma	106	51,780	20,350	87	38,682	16,442	7	5,273	1,425	12	7,824	2,483
Oregon	45	30,926	8,086	29	21,706	5,578	12	6,671	1,658	4	2,549	849
Pennsylvania	104	164,694	48,175	66	94,014	32,801	32	58,604	12,873	6	12,076	2,500
Rhode Island	15	22,282	3,460	12	19,217	3,040	3	3,065	420	-	-	-
South Carolina	133	47,259	22,407	113	35,520	17,280	15	10,344	4,486	5	1,394	641
South Dakota	25	11,348	3,781	18	6,879	2,222	7	4,468	1,559	-	-	-
Tennessee	108	81,618	30,455	74	60,299	21,957	20	11,295	4,689	14	10,025	3,809
Texas	155	156,247	56,227	125	122,795	42,113	20	25,208	10,256	10	8,244	3,858
Utah	19	11,623	4,724	15	8,453	3,383	4	3,170	1,340	-	-	-
Vermont	10	10,005	3,072	7	5,735	1,776	3	4,270	1,296	-	-	-
Virginia	88	74,030	26,216	55	48,314	17,932	27	18,329	7,175	6	7,386	1,109
Washington	46	51,458	9,810	36	35,857	6,666	9	15,062	2,966	1	539	178
West Virginia	39	47,640	15,596	24	20,173	9,681	13	26,360	5,240	2	1,108	676
Wisconsin	71	61,901	19,942	47	38,187	12,355	15	14,914	5,603	9	8,800	1,984
Wyoming	15	6,203	1,865	12	5,215	1,661	2	904	184	1	84	20
Alaska	10	4,341	1,496	7	4,013	1,332	3	328	164	-	-	-
Hawaii	9	8,276	2,726	6	6,909	2,156	1	1,273	523	2	94	47
Puerto Rico	38	39,967	23,205	24	27,892	15,624	14	12,075	7,581	-	-	-
Virgin Islands	2	30	18	2	30	18	-	-	-	-	-	-

Table 2 G - MEDICAL FACILITY PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	400	$216,446	$59,403	47	$13,903	$4,654	302	$182,895	$48,881	51	$19,648	$5,868
Alabama	12	3,572	2,196	-	-	-	9	2,826	1,720	3	746	476
Arizona	9	1,801	889	3	688	338	4	759	375	2	355	176
Arkansas	6	2,983	1,272	-	-	-	5	2,731	1,104	1	252	168
California	20	11,887	2,793	3	1,402	289	10	6,790	1,677	7	3,695	827
Colorado	8	1,570	612	2	307	119	6	1,264	493	-	-	-
Connecticut	11	3,953	787	5	1,312	428	6	2,641	358	-	-	-
Delaware	2	1,854	650	-	-	-	2	1,854	650	-	-	-
Dist. of Col.	3	3,899	525	-	-	-	3	3,899	525	-	-	-
Florida	12	11,861	1,569	2	1,016	406	8	10,271	977	2	574	186
Georgia	10	4,940	1,812	2	344	171	8	4,596	1,640	-	-	-
Idaho	5	1,247	617	1	287	141	4	960	476	-	-	-
Illinois	14	10,835	1,944	-	-	-	10	7,704	1,507	4	3,131	437
Indiana	12	6,326	1,078	1	794	38	9	4,453	843	2	1,078	197
Iowa	4	3,877	943	-	-	-	3	3,665	872	1	213	71
Kansas	6	2,498	864	-	-	-	6	2,498	864	-	-	-
Kentucky	6	6,040	1,425	-	-	-	6	6,040	1,425	-	-	-
Louisiana	7	1,990	977	-	-	-	6	1,853	903	1	137	74
Maine	4	3,917	519	-	-	-	4	3,917	519	-	-	-
Maryland	6	5,744	1,382	-	-	-	5	4,932	1,111	1	812	271
Massachusetts	9	5,716	1,059	1	674	75	8	5,042	984	-	-	-
Michigan	10	5,495	1,349	-	-	-	10	5,495	1,349	-	-	-
Minnesota	6	5,605	1,173	-	-	-	5	4,669	943	1	936	229
Mississippi	5	1,349	895	-	-	-	4	1,265	839	1	84	56
Missouri	8	4,569	1,117	-	-	-	7	4,263	1,001	1	306	116
Montana	7	1,767	687	1	538	203	6	1,229	484	-	-	-

Table 2 G Continued - MEDICAL FACILITY PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Mississippi	5	1,570	1,117	-	-	-	7	4,263	1,001	1	306	116
Missouri	8	4,569	1,117	-	-	-	6	1,229	484	-	-	-
Montana	7	1,767	687	1	538	203	6	1,229	484	-	-	-
Nebraska	6	2,789	987	2	845	231	4	1,944	755	-	-	-
Nevada	3	1,323	511	-	-	-	3	1,323	511	-	-	-
New Hampshire	15	3,621	1,191	3	695	343	11	2,882	826	1	45	23
New Jersey	11	3,887	904	2	632	119	7	2,834	629	2	421	156
New Mexico	11	2,944	1,127	1	113	56	7	2,157	803	3	674	268
New York	13	14,399	2,530	1	416	136	12	13,983	2,394	-	-	-
North Carolina	6	2,821	1,407	1	69	35	5	2,752	1,373	-	-	-
North Dakota	5	2,070	853	-	-	-	5	2,070	853	-	-	-
Ohio	6	6,151	1,528	-	-	-	5	5,721	1,384	1	430	143
Oklahoma	12	2,806	1,085	6	1,403	483	3	821	313	3	582	289
Oregon	6	2,384	718	1	217	70	4	2,031	580	1	135	68
Pennsylvania	15	12,784	1,988	-	-	-	14	12,324	1,835	1	460	153
Rhode Island	4	3,319	617	-	-	-	4	3,319	617	-	-	-
South Carolina	12	2,130	995	1	66	33	8	1,373	667	3	691	295
South Dakota	6	1,946	928	2	777	388	4	1,168	540	-	-	-
Tennessee	11	3,534	1,617	3	674	296	6	2,508	1,139	2	351	183
Texas	12	4,943	2,247	1	118	59	11	4,825	2,189	-	-	-
Utah	3	1,541	766	1	95	47	2	1,446	720	-	-	-
Vermont	6	1,940	765	-	-	-	6	1,940	765	-	-	-
Virginia	7	5,520	1,757	-	-	-	5	2,965	1,126	2	2,555	631
Washington	3	3,647	1,412	-	-	-	2	3,591	1,390	1	55	22
West Virginia	3	4,671	630	-	-	-	3	4,671	630	-	-	-
Wisconsin	13	4,535	1,200	-	-	-	10	3,831	997	3	705	203
Wyoming	4	1,419	705	-	-	-	4	1,419	705	-	-	-
Hawaii	2	2,301	650	1	421	150	1	1,880	500	-	-	-
Puerto Rico	3	1,726	1,151	-	-	-	2	1,501	1,001	1	225	150

Table 3 C - Additions of Hospital Beds and Public Health Centers, by State and Territory, by Status of Construction, December 31, 1957

Area	Hospital Beds Added				Public Health Centers Added			
	Total	In Operation	Under Construction	Initially Approved	Total	In Operation	Under Construction	Initially Approved
Total - United States & Territories	152,728	110,902	31,803	10,023	755	575	131	49
Alabama	3,838	2,777	717	344	33	21	8	4
Arizona	1,155	914	179	62	-	-	-	-
Arkansas	3,265	2,721	294	250	3	1	2	-
California	6,974	4,630	1,358	986	29	17	11	1
Colorado	1,274	747	527	-	9	7	2	-
Connecticut	1,308	701	607	-	3	2	1	-
Delaware	674	499	175	-	-	-	-	-
Dist. of Col.	242	202	40	-	-	-	-	-
Florida	4,251	3,294	454	503	29	15	8	6
Georgia	4,713	3,611	905	197	102	87	8	7
Idaho	932	852	80	-	5	5	-	-
Illinois	5,362	3,438	1,150	774	5	4	1	-
Indiana	3,047	2,266	723	58	3	3	-	-
Iowa	3,477	2,092	998	387	-	-	-	-
Kansas	2,051	1,501	357	193	2	2	-	-
Kentucky	4,419	3,046	1,373	-	45	34	10	1
Louisiana	3,804	2,602	992	210	54	42	7	5
Maine	892	456	362	74	-	-	-	-
Maryland	2,169	1,248	469	452	15	12	3	-
Massachusetts	4,547	2,751	1,306	490	4	2	2	-
Michigan	4,243	3,063	920	260	9	4	5	-
Minnesota	2,847	2,161	569	117	4	2	2	-
Mississippi	3,849	3,132	372	345	49	46	3	-
Missouri	3,224	1,755	1,373	96	2	1	1	-
Montana	541	495	46	-	1	-	1	-

Montana	541	495	46	-	1	-	1	-

Table 3 C Continued - Additions of Hospital Beds and Public Health Centers, by State and Territory, by Status of Construction, December 31, 1957

Area	Hospital Beds Added				Public Health Centers Added			
	Total	In Operation	Under Construction	Initially Approved	Total	In Operation	Under Construction	Initially Approved
Nebraska	1,185	1,046	139	-	-	-	-	-
Nevada	479	317	162	-	-	-	-	-
New Hampshire	509	299	188	22	-	-	-	-
New Jersey	4,452	3,337	1,115	-	2	1	-	1
New Mexico	1,099	954	120	25	4	1	2	1
New York	7,668	5,659	1,375	634	5	4	-	1
North Carolina	6,563	5,204	1,316	43	80	67	9	4
North Dakota	686	518	168	-	-	-	-	-
Ohio	7,031	5,209	1,412	410	15	15	-	-
Oklahoma	4,475	3,828	277	370	26	19	4	3
Oregon	2,017	1,523	307	187	4	2	2	-
Pennsylvania	6,837	4,384	2,137	316	1	-	-	1
Rhode Island	629	536	93	-	-	-	-	-
South Carolina	3,123	2,415	674	34	74	68	3	3
South Dakota	652	470	182	-	1	1	-	-
Tennessee	4,657	3,270	720	667	47	32	8	7
Texas	10,221	8,642	1,049	530	12	9	3	-
Utah	464	350	114	-	3	2	1	-
Vermont	563	335	228	-	1	1	-	-
Virginia	3,893	2,540	936	417	36	24	10	2
Washington	1,722	1,338	366	18	6	5	1	-
West Virginia	2,307	1,507	730	70	4	2	2	-
Wisconsin	3,000	1,995	523	482	1	1	-	-
Wyoming	447	402	45	-	-	-	-	-
Alaska	130	130	-	-	3	-	3	-
Hawaii	564	504	60	-	3	1	-	2
Puerto Rico	4,257	3,236	1,021	-	21	13	8	-
Virgin Islands	-	-	-	-	-	-	-	-

Table 3 G - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Chronic Hospitals - Beds Added				Nursing Homes - Beds Added			
	Total Beds	In Operation	Under Construction	Initially Approved	Total Beds	In Operation	Under Construction	Initially Approved
Total - United States & Territories	3,930	85	3,420	425	4,542	740	3,115	687
Alabama	120	-	100	20	114	-	54	60
Arizona	36	10	26	-	122	53	30	39
Arkansas	76	-	76	-	109	-	79	30
California	291	-	241	50	269	132	26	111
Colorado	-	-	-	-	25	15	10	-
Connecticut	-	-	-	-	50	50	-	-
Delaware	195	-	195	-	-	-	-	-
Florida	121	-	121	-	71	-	36	35
Georgia	51	-	51	-	46	46	-	-
Idaho	37	-	37	-	111	47	64	-
Illinois	167	-	128	39	104	-	104	-
Indiana	195	45	120	30	173	-	123	50
Iowa	120	-	120	-	28	-	28	-
Kansas	124	-	124	-	-	-	-	-
Kentucky	50	-	50	-	147	-	147	-
Louisiana	52	-	40	12	20	-	20	-
Maine	34	-	34	-	-	-	-	-
Maryland	180	-	180	-	144	-	144	-
Massachusetts	-	-	-	-	21	-	21	-
Michigan	126	-	126	-	136	-	136	-
Minnesota	44	-	44	-	188	-	80	108
Mississippi	100	-	100	-	-	-	-	-
Missouri	100	-	50	50	64	-	64	-
Montana	13	-	13	-	130	70	60	-
Nebraska	-	-	-	-	72	32	40	-

Nebraska - - - - 72 32 40 -

Table 3 G Continued - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Chronic Hospitals - Beds Added				Nursing Homes - Beds Added			
	Total Beds	In Operation	Under Construction	Initially Approved	Total Beds	In Operation	Under Construction	Initially Approved
New Hampshire	-	-	-	-	130	24	106	-
New Jersey	30	-	30	-	190	24	166	-
New Mexico	134	10	96	28	-	-	-	-
New York	357	-	357	-	605	69	536	-
North Carolina	160	-	160	-	-	-	-	-
North Dakota	-	-	-	-	221	-	221	-
Ohio	-	-	-	-	191	-	191	-
Oklahoma	94	20	40	34	89	23	34	32
Oregon	-	-	-	-	134	-	116	18
Pennsylvania	146	-	100	46	164	-	164	-
Rhode Island	32	-	32	-	-	-	-	-
South Carolina	71	-	59	12	95	-	20	75
South Dakota	-	-	-	-	188	98	90	-
Tennessee	60	-	60	-	81	30	24	27
Texas	54	-	54	-	16	-	16	-
Utah	80	-	80	-	27	27	-	-
Vermont	-	-	-	-	70	-	70	-
Virginia	148	-	44	104	-	-	-	-
Washington	-	-	-	-	49	-	-	49
West Virginia	143	-	143	-	-	-	-	-
Wisconsin	74	-	74	-	130	-	77	53
Wyoming	15	-	15	-	18	-	18	-
Puerto Rico	100	-	100	-	-	-	-	-

28728 O—58——23

Table 3 G Continued - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Rehabilitation Facilities - Units Added				Diagnostic or Treatment Centers - Units Added			
	Total Units	In Operation	Under Construction	Initially Approved	Total Units	In Operation	Under Construction	Initially Approved
Total - United States & Territories	66	7	56	3	153	17	118	18
Alabama	2	-	2	-	2	-	2	-
Arizona	1	1	-	-	1	-	1	-
Arkansas	1	-	1	-	1	-	1	-
California	3	-	2	1	5	-	4	1
Colorado	2	1	1	-	4	-	4	-
Connecticut	1	1	-	-	7	3	4	-
Delaware	-	-	-	-	1	-	1	-
Dist. of Columbia	2	-	2	-	1	-	1	-
Florida	4	1	3	-	3	1	1	1
Georgia	2	1	1	-	5	-	5	-
Idaho	1	-	1	-	-	-	-	-
Illinois	2	-	1	1	6	-	4	2
Indiana	2	-	2	-	1	-	1	-
Iowa	1	-	1	-	1	-	-	1
Kansas	2	-	2	-	2	-	2	-
Kentucky	1	-	1	-	2	-	2	-
Louisiana	2	-	2	-	2	-	2	-
Maine	-	-	-	-	3	-	3	-
Maryland	1	-	1	-	2	-	1	1
Massachusetts	1	-	1	-	6	1	5	-
Michigan	1	-	1	-	5	-	5	-
Minnesota	1	-	1	-	2	-	2	-
Mississippi	-	-	-	-	4	-	3	1
Missouri	2	-	2	-	2	-	2	-
Montana	1	-	1	-	1	-	1	-

Table 3 G Continued - Addition of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Rehabilitation Facilities - Units Added				Diagnostic or Treatment Centers - Units Added			
	Total Units	In Operation	Under Construction	Initially Approved	Total Units	In Operation	Under Construction	Initially Approved
Nebraska	1	-	1	-	3	1	2	-
Nevada	-	-	-	-	3	-	3	-
New Hampshire	1	-	1	-	10	2	7	1
New Jersey	1	-	1	-	7	1	4	2
New Mexico	2	-	1	1	4	-	3	1
New York	2	-	2	-	1	-	1	-
North Carolina	1	-	1	-	3	1	2	-
North Dakota	1	-	1	-	1	-	1	-
Ohio	1	-	1	-	2	-	1	1
Oklahoma	1	1	-	-	4	2	1	1
Oregon	-	-	-	-	3	1	2	-
Pennsylvania	2	-	2	-	8	-	8	-
Rhode Island	1	-	1	-	2	-	2	-
South Carolina	-	-	-	-	6	1	4	1
South Dakota	1	-	1	-	-	-	-	-
Tennessee	1	-	1	-	6	2	3	1
Texas	2	-	2	-	7	1	6	-
Utah	1	-	1	-	-	-	-	-
Vermont	1	-	1	-	3	-	3	-
Virginia	2	-	2	-	3	-	2	1
Washington	1	-	1	-	1	-	1	-
West Virginia	1	-	1	-	1	-	1	-
Wisconsin	3	-	3	-	3	-	2	1
Wyoming	1	-	1	-	1	-	1	-
Hawaii	1	1	-	-	1	-	1	-
Puerto Rico	1	-	1	-	1	-	-	1

Table 4 C - Cumulative Summary of Hospital Projects, by Quarters, September 1947 through December 31, 1957

Period (Quarterly)		Number of Projects	Number of beds Provided		Estimated Costs	
					Total Cost	Federal Share
1947	September	1	82		$ 1,663,217	$ 552,633
	December	73	2,835		31,300,363	10,323,425
1948	March	200	9,394		96,813,689	30,671,805
	June	347	11,846		160,463,523	46,436,291
	September	508	24,320	Est.	275,675,809	85,700,813
	December	643	31,633		366,229,069	106,722,545
1949	March	755	36,976		457,088,932	141,582,823
	June	791	38,172		489,696,241	149,841,383
	September	957	46,707		618,923,272	184,470,569
	December	1,019	49,645		668,681,949	210,339,128
1950	March	1,224	58,035		822,013,378	282,061,818
	June	1,369	65,518		953,087,078	344,246,543
	September	1,489	72,543		1,032,005,950	380,204,679
	December	1,489	70,634		1,042,020,832	384,902,687
1951	March	1,524	73,118		1,105,510,126	402,114,896
	June	1,580	75,747		1,185,685,622	424,199,280
	September	1,630	78,468		1,230,854,127	443,773,150
	December	1,712	81,662		1,288,936,793	466,014,715
1952	March	1,773	85,012		1,352,747,454	483,074,164
	June	1,827	88,164		1,417,757,580	502,634,963
	September	1,877	90,645		1,456,869,933	517,378,835
	December	1,980	96,428		1,558,312,039	547,414,688
1953	March	2,046	99,160		1,622,872,501	566,164,151
	June	2,104	102,362		1,688,013,468	582,564,193
	September	2,132	103,405		1,714,010,981	589,276,985
	December	2,192	105,702		1,768,989,108	600,305,605
1954	March	2,260	108,322		1,820,797,782	612,386,288
	June	2,283	109,207		1,849,207,079	617,653,371
	September	2,336	111,903		1,897,391,438	631,383,419
	December	2,396	114,291		1,942,022,438	643,512,825
1955	March	2,460	116,545		1,989,006,725	657,255,327
	June	2,514	118,814		2,056,113,951	671,204,705
	September	2,568	120,687		2,103,993,513	682,212,520
	December	2,659	123,873		2,171,960,823	707,117,914
1956	March	2,763	126,770		2,237,409,341	728,028,314
	June	2,843	130,978		2,342,545,709	752,938,357
	September	2,884	132,714		2,385,208,054	766,867,527
	December	2,984	137,166		2,474,713,553	794,522,656
1957	March	3,097	142,163		2,590,044,219	826,127,064
	June	3,170	145,407		2,686,817,518	851,542,533
	September	3,234	147,927		2,751,038,619	868,376,554
	December	3,325	152,728		2,857,106,216	898,124,476

Table 4 G - Cumulative Summary of Medical Facility Projects, by Quarters, September 1955 through December 31, 1957

	Period (Quarterly)	Number of Projects	Facilities Provided		Estimated Costs	
			Beds	Units	Total Cost	Federal Share
1955	September	3	53	2	$ 620,045	$ 310,022
	December	14	137	8	2,841,578	1,345,295
1956	March	77	1,586	38	32,720,924	8,996,030
	June	204	4,520	120	124,787,498	28,482,910
	September	226	5,182	129	139,096,772	31,876,214
	December	250	5,454	138	144,899,494	34,814,039
1957	March	282	6,148	153	157,885,538	39,327,269
	June	344	7,186	193	187,769,567	51,351,630
	September	368	7,719	203	196,253,943	54,797,027
	December	400	8,472	219	216,445,620	59,403,220

Table 5 - Program Summary by Type of Facility showing Beds or Units Approved, Estimated Costs and Percentage Distributions, December 31, 1957

Type of Facility	Projects		Facilities Provided				Estimated Costs			
			Beds		Units					
	No.	Percent Distribution	No.	Percent Distribution	No.	Percent Distribution	Total	Percent Distribution	Federal Share	Percent Distribution
Grand Total	3,725	100.0	161,200	100.0	974	100.0	$3,073,551,836	100.0	$957,527,696	100.0
General - Total	2,437	65.4	128,359	79.6	XX	XX	2,512,941,391	81.7	783,113,878	81.8
General	2,350	63.1	125,075	77.6	XX	XX	2,462,835,740	80.1	762,765,721	79.7
General & PHC	87	2.3	3,284	2.0	87	8.9	50,105,651	1.6	20,348,157	2.1
Tuberculosis	69	1.8	7,118	4.4	XX	XX	68,514,569	2.2	24,488,069	2.6
Mental	108	2.9	13,663	8.5	XX	XX	106,451,572	3.5	40,655,125	4.2
Chronic - Total	125	3.4	7,518	4.7	XX	XX	106,253,383	3.4	29,299,658	3.1
Part C	43	1.2	3,588	2.2	XX	XX	53,775,522	1.7	12,345,496	1.3
Part G	82	2.2	3,930	2.5	XX	XX	52,477,861	1.7	16,954,162	1.8
Nursing Homes	99	2.6	4,542	2.8	XX	XX	48,374,594	1.6	14,616,256	1.5
Diagnostic Centers	153	4.1	XX	XX	153	15.7	63,626,746	2.1	17,133,320	1.8
Rehab. Facilities	66	1.8	XX	XX	66	6.8	51,966,419	1.7	10,699,482	1.1
Public Health Centers	647	17.4	XX	XX	647	66.4	91,629,328	3.0	32,163,005	3.3
State Health Labs.	21	.6	XX	XX	21	2.2	23,793,834	.8	5,358,903	.6
Table 5 C - Hospital Projects - (Included Above)										
Total - Part C	3,325	100.0	152,728	100.0	755	100.0	2,857,106,215	100.0	898,124,476	100.0
General	2,437	73.3	128,359	84.0	87	11.5	2,512,941,391	88.0	783,113,878	87.2
Tuberculosis	69	2.1	7,118	4.7	XX	XX	68,514,569	2.4	24,488,069	2.7
Mental	108	3.2	13,663	8.9	XX	XX	106,451,572	3.7	40,655,125	4.5
Chronic	43	1.3	3,588	2.4	XX	XX	53,775,522	1.9	12,345,496	1.4
Public Health Centers	647	19.5	XX	XX	647	85.7	91,629,328	3.2	32,163,005	3.6
State Health Labs.	21	.6	XX	XX	21	2.8	23,793,834	.8	5,358,903	.6
Table 5 G - Medical Facility Projects - (Included Above)										
Total - Part G	400	100.0	8,472	100.0	219	100.0	216,445,620	100.0	59,403,220	100.0
Chronic	82	20.5	3,930	46.4	XX	XX	52,477,861	24.2	16,954,162	28.5
Nursing Homes	99	24.8	4,542	53.6	XX	XX	48,374,594	22.4	14,616,256	24.6
Diagnostic Centers	153	38.2	XX	XX	153	69.9	63,626,746	29.4	17,133,320	28.9
Rehab. Facilities	66	16.5	XX	XX	66	30.1	51,966,419	24.0	10,699,482	18.0

Rehab. Facilities 66 16.5 XX XX 88 30.1

Table 6 - Number of Approved Projects by State
For each Type of Facility
December 31, 1957

Area	Approved Projects, by Type of Facility										
	All Projects	General	Tubercu-losis	Mental	Chronic C	Chronic G	Nursing Home	Diag. Centers	Rehab. Facil.	P.H.C.	State Lab.
Total - United States & Territories	3,725	2,437	69	108	43	82	99	153	66	647	21
Alabama	106	58	4	2	-	4	4	2	2	29	1
Arizona	32	21	1	-	1	4	3	1	1	-	-
Arkansas	55	41	-	6	-	1	3	1	1	2	-
California	141	89	2	1	3	4	8	5	3	26	-
Colorado	37	23	-	-	-	-	2	4	2	6	-
Connecticut	44	30	-	-	-	2	1	7	1	3	-
Delaware	8	3	1	2	-	1	-	1	-	-	-
Dist. of Col.	11	7	-	-	1	-	-	1	2	-	-
Florida	99	50	2	2	5	3	2	3	4	26	2
Georgia	216	103	2	-	1	2	1	5	2	100	-
Idaho	30	22	1	-	-	1	3	-	1	2	-
Illinois	91	70	1	1	1	4	2	6	2	3	1
Indiana	67	50	2	2	-	5	4	1	2	1	-
Iowa	73	68	-	1	-	1	1	1	1	-	-
Kansas	57	49	-	1	-	2	-	2	2	1	-
Kentucky	126	64	7	4	1	1	2	2	1	43	1
Louisiana	109	40	1	6	1	2	1	2	2	54	-
Maine	25	18	-	1	2	1	-	3	-	-	-
Maryland	55	32	1	-	2	1	2	2	1	13	1
Massachusetts	96	77	1	1	4	1	1	6	1	3	1
Michigan	94	75	2	1	-	2	2	5	1	6	-
Minnesota	77	64	-	1	2	1	2	2	1	4	-
Mississippi	117	67	1	1	-	1	-	4	-	42	1
Missouri	59	46	1	2	-	2	2	2	2	2	-
Montana	33	25	-	-	-	1	4	1	1	-	1

Table 6 Continued - Number of Approved Projects by State
For each Type of Facility
December 31, 1957

Area	Approved Projects, by Type of Facility									
	All Projects	General	Tubercu-losis	Mental	Chronic C	Chronic G	Nursing Home	Diag. Centers	Rehab. Facil.	P.H.C.	State Lab.
Nebraska	57	50	-	1	-	-	2	3	1	-	-
Nevada	15	8	-	4	-	-	-	3	-	-	-
New Hampshire	29	14	-	-	-	-	4	10	1	-	-
New Jersey	50	30	-	7	-	1	2	7	1	2	-
New Mexico	41	26	-	-	-	5	-	4	2	4	-
New York	128	110	-	1	1	3	7	1	2	3	-
North Carolina	257	161	2	7	1	2	-	3	1	80	-
North Dakota	31	24	-	1	1	-	3	1	1	-	-
Ohio	99	83	5	-	2	-	3	2	1	3	-
Oklahoma	118	69	5	14	2	4	3	4	1	14	2
Oregon	51	40	-	2	-	-	3	3	-	2	1
Pennsylvania	119	100	-	2	1	4	1	8	2	1	-
Rhode Island	19	13	-	1	1	1	-	2	1	-	-
South Carolina	145	41	9	11	-	4	2	6	-	72	-
South Dakota	31	24	-	-	-	-	5	-	1	-	1
Tennessee	119	57	4	5	2	1	3	6	1	38	2
Texas	167	130	8	1	4	2	1	7	2	10	2
Utah	22	13	-	3	-	1	1	-	1	2	1
Vermont	16	9	-	-	-	-	2	3	1	-	1
Virginia	95	56	-	-	-	2	-	3	2	32	-
Washington	49	38	-	-	2	-	1	1	1	6	-
West Virginia	42	22	4	8	1	1	-	1	1	3	1
Wisconsin	84	68	-	1	1	2	5	3	3	-	1
Wyoming	19	15	-	-	-	1	1	1	1	-	-
Alaska	10	7	-	-	-	-	-	-	-	3	-
Hawaii	11	5	1	-	-	-	-	1	1	3	-
Puerto Rico	41	30	1	4	-	1	-	1	1	3	-
Virgin Islands	2	2	-	-	-	-	-	-	-	-	-

Puerto Rico	41	30	1	4	-	1	-	1	1	3	-
Virgin Islands	2	2	-	-	-	-	-	-	-	-	-

Table 7 - SUMMARY: Number of Beds Provided,
By Type of Facility and Type of Care
December 31, 1957

Type of Facility	Total Beds	Beds Provided, By Type of Care				
		General	Tuberculosis	Mental	Chronic	Nursing Home
Total	161,200	119,542	8,813	16,755	11,548	4,542
General	128,359	119,542	1,111	3,756	3,950	-
Tuberculosis	7,118	-	7,082	-	36	-
Mental	13,663	-	620	12,983	60	-
Chronic	7,518	-	-	16	7,502	-
Nursing Homes	4,542	-	-	-	-	4,542

Table 7 a - GENERAL HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

See also Table 7 b - General Hospitals with Health Centers

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Total - United States & Territories	2,350	125,075	116,292	1,111	3,722	3,950	$2,462,835,740	$762,765,721
Alabama	55	3,045	3,021	-	24	-	49,242,825	26,502,572
Arizona	21	1,091	991	100	-	-	17,588,414	5,706,214
Arkansas	40	2,747	2,747	-	-	-	43,127,202	22,098,100
California	86	6,265	5,505	337	168	255	126,394,892	30,786,457
Colorado	20	982	933	-	24	25	20,820,284	5,732,851
Connecticut	30	1,308	1,308	-	-	-	43,601,844	5,801,699
Delaware	3	101	101	-	-	-	2,142,372	786,332
Dist. of Columbia	7	192	152	-	-	40	11,995,526	2,156,462
Florida	49	3,048	2,806	-	209	33	49,059,798	16,017,187
Georgia	101	4,687	4,651	-	36	-	75,391,695	28,815,109
Idaho	19	814	814	-	-	-	11,570,487	2,826,545
Illinois	69	5,084	4,137	20	296	631	117,026,275	30,162,585
Indiana	48	2,760	2,678	-	42	40	60,509,989	20,437,071
Iowa	68	3,292	2,943	-	120	229	54,996,729	16,098,023
Kansas	48	1,967	1,759	76	132	-	41,791,192	11,433,817
Kentucky	63	3,381	3,057	-	235	89	61,678,269	23,618,506
Louisiana	40	2,826	2,128	192	265	241	52,818,780	17,454,704
Maine	18	845	845	-	-	-	13,559,852	6,372,537
Maryland	31	1,725	1,358	294	73	-	60,800,153	9,252,089
Massachusetts	77	4,065	3,710	-	34	341	97,113,557	18,130,070
Michigan	72	3,848	3,762	-	86	-	78,725,706	24,807,500
Minnesota	64	2,559	2,190	-	210	159	57,549,826	17,677,336
Mississippi	61	3,408	3,408	-	-	-	42,850,002	24,110,572
Missouri	46	2,930	2,227	12	319	422	58,094,057	20,478,438
Montana	25	541	531	-	-	10	7,299,552	2,144,006

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Montana	25	541	531	-	-	10	7,299,552	2,144,008

Table 7 a - Continued - GENERAL HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

See also Table 7 b - General Hospitals with Health Centers

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Nebraska	50	1,095	995	-	75	25	25,550,944	7,169,421
Nevada	8	269	213	36	-	20	3,783,994	1,464,996
New Hampshire	14	509	509	-	-	-	12,179,508	3,621,501
New Jersey	30	3,061	2,640	-	115	306	55,414,494	13,457,516
New Mexico	26	1,099	1,084	-	15	-	17,191,046	5,531,753
New York	108	7,411	6,942	-	163	306	172,571,373	38,386,315
North Carolina	161	5,818	5,818	-	-	-	89,651,403	32,849,267
North Dakota	24	422	379	-	-	43	9,582,421	3,189,259
Ohio	71	5,072	4,735	-	321	16	105,759,895	26,420,056
Oklahoma	59	2,283	2,119	1	163	-	36,673,278	13,287,395
Oregon	39	1,872	1,852	-	20	-	26,032,250	7,544,693
Pennsylvania	100	6,636	6,328	-	166	142	157,946,560	45,998,185
Rhode Island	13	479	479	-	-	-	17,958,059	2,781,259
South Carolina	39	2,106	2,056	-	37	13	36,207,403	18,080,010
South Dakota	24	652	652	-	-	-	11,239,098	3,734,006
Tennessee	50	2,489	2,367	-	52	70	38,959,090	16,831,213
Texas	130	7,960	7,806	5	89	60	129,099,699	47,544,942
Utah	13	402	402	-	-	-	8,459,145	3,528,418
Vermont	9	563	461	30	20	52	9,552,341	2,987,659
Virginia	52	3,714	3,681	-	33	-	68,783,853	23,920,875
Washington	38	1,496	1,476	-	20	-	48,859,563	9,332,025
West Virginia	22	1,518	1,376	-	38	104	38,699,916	12,959,730
Wisconsin	68	2,715	2,359	-	118	238	56,092,846	17,991,247
Wyoming	15	447	447	-	-	-	6,202,833	1,865,418
Alaska	7	130	122	8	-	-	4,012,642	1,332,015
Hawaii	5	456	416	-	-	40	5,731,674	2,286,026
Puerto Rico	12	820	816	-	4	-	14,861,189	9,245,875
Virgin Islands	2	-	-	-	-	-	29,945	17,864

Table 7 b - GENERAL HOSPITALS WITH HEALTH CENTERS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Total - United States & Territories	87	3,284	3,250	-	34	-	$50,105,651	$20,348,157
Alabama	3	150	150	-	-	-	1,954,774	1,241,130
Arkansas	1	18	18	-	-	-	275,228	161,341
California	3	116	116	-	-	-	1,728,917	571,656
Colorado	3	292	292	-	-	-	4,611,748	1,558,997
Florida	1	23	23	-	-	-	424,035	270,041
Georgia	2	26	26	-	-	-	539,048	214,347
Idaho	3	68	68	-	-	-	875,656	311,824
Illinois	1	50	50	-	-	-	971,100	323,700
Indiana	2	68	68	-	-	-	1,165,791	514,991
Kansas	1	20	20	-	-	-	200,976	66,992
Kentucky	1	8	8	-	-	-	96,401	48,200
Maryland	1	34	34	-	-	-	533,183	177,728
Michigan	3	117	117	-	-	-	1,838,139	806,992
Mississippi	6	27	27	-	-	-	427,381	209,884
New York	2	139	139	-	-	-	2,204,530	718,391
Ohio	12	686	686	-	-	-	11,947,028	3,586,917
Oklahoma	10	307	307	-	-	-	4,780,700	2,021,626
Oregon	1	15	15	-	-	-	133,537	34,234
South Carolina	2	38	38	-	-	-	405,826	145,196
Tennessee	7	444	444	-	-	-	6,825,737	2,661,185
Virginia	4	179	179	-	-	-	2,241,375	778,510
Puerto Rico	18	459	425	-	34	-	5,924,541	3,924,275

Table 7 c - TUBERCULOSIS HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Total - United States & Territories	69	7,118	-	7,082	-	36	$68,514,569	$24,488,069
Alabama	4	498	-	498	-	-	4,166,642	2,745,157
Arizona	1	64	-	64	-	-	510,821	125,550
California	2	360	-	360	-	-	3,330,417	798,264
Delaware	1	164	-	164	-	-	2,342,095	343,012
Florida	2	850	-	850	-	-	6,532,361	1,969,894
Georgia	2	-	-	-	-	-	317,575	174,666
Idaho	1	50	-	50	-	-	1,100,627	347,438
Illinois	1	100	-	100	-	-	2,117,267	446,693
Indiana	2	50	-	50	-	-	783,304	359,447
Kentucky	7	64	-	64	-	-	1,767,143	633,910
Louisiana	1	102	-	102	-	-	682,448	423,522
Maryland	1	60	-	60	-	-	1,320,151	447,433
Massachusetts	1	36	-	-	-	36	759,443	227,592
Michigan	2	150	-	150	-	-	1,530,727	565,927
Mississippi	1	154	-	154	-	-	1,753,115	584,372
Missouri	1	69	-	69	-	-	455,196	226,997
North Carolina	2	100	-	100	-	-	1,386,043	535,722
Ohio	5	453	-	453	-	-	5,022,745	922,752
Oklahoma	5	247	-	247	-	-	1,764,672	1,021,004
South Carolina	9	481	-	481	-	-	3,097,009	1,488,560
Tennessee	4	526	-	526	-	-	10,079,529	4,155,459
Texas	8	1,357	-	1,357	-	-	7,797,779	3,084,641
West Virginia	4	275	-	275	-	-	2,132,030	713,942
Hawaii	1	108	-	108	-	-	2,409,143	373,157
Puerto Rico	1	800	-	800	-	-	5,356,287	1,772,958

Table 7 d - MENTAL HOSPITALS: State Distribution of Beds Provided, By Type of Care December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Total - United States & Territories	108	13,663	-	620	12,983	60	$106,451,572	$40,655,125
Alabama	2	145	-	-	145	-	484,409	275,137
Arkansas	6	500	-	100	400	-	3,127,775	1,042,591
California	1	10	-	-	10	-	240,027	80,009
Delaware	2	409	-	-	409	-	2,304,830	745,656
Florida	2	140	-	-	140	-	1,182,670	476,962
Illinois	1	105	-	-	105	-	2,030,950	587,422
Indiana	2	169	-	-	109	60	1,317,082	463,116
Iowa	1	185	-	-	185	-	1,367,171	343,283
Kansas	1	64	-	-	64	-	1,687,995	614,709
Kentucky	4	793	-	-	793	-	5,602,336	2,816,351
Louisiana	6	824	-	156	668	-	8,947,300	4,969,341
Maine	1	-	-	-	-	-	440,858	115,595
Massachusetts	1	32	-	-	32	-	530,609	31,888
Michigan	1	128	-	-	128	-	576,076	256,984
Minnesota	1	60	-	-	60	-	1,237,273	553,190
Mississippi	1	260	-	-	260	-	1,576,510	1,051,007
Missouri	2	175	-	-	175	-	2,724,910	1,326,096
Nebraska	1	90	-	-	90	-	1,655,078	518,974
Nevada	4	210	-	-	210	-	964,283	182,211
New Jersey	7	1,391	-	110	1,281	-	15,754,453	3,382,845
New York	1	100	-	-	100	-	1,500,000	500,000
North Carolina	7	605	-	-	605	-	2,161,254	778,979
North Dakota	1	204	-	-	204	-	1,166,837	318,134
Oklahoma	14	1,615	-	84	1,531	-	6,764,966	3,213,553
Oregon	2	130	-	130	-	-	1,848,418	274,472

Table 7 d Continued - MENTAL HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Pennsylvania	2	141	-	-	141	-	3,653,112	1,093,196
Rhode Island	1	150	-	-	150	-	1,031,668	378,816
South Carolina	11	498	-	-	498	-	3,842,033	924,754
Tennessee	5	1,036	-	-	1,036	-	8,247,574	2,579,301
Texas	1	550	-	-	550	-	2,104,327	500,000
Utah	3	62	-	-	62	-	1,971,358	781,184
West Virginia	8	464	-	-	464	-	2,582,059	848,582
Wisconsin	1	240	-	40	200	-	2,823,147	913,462
Puerto Rico	4	2,178	-	-	2,178	-	13,002,224	7,717,325

Table 7 e - CHRONIC HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
Total - United States & Territories	125	7,518	-	-	16	7,502	$106,253,383	$29,299,658
Alabama	4	120	-	-	-	120	1,356,131	882,126
Arizona	5	36	-	-	-	36	654,703	325,920
Arkansas	1	76	-	-	-	76	1,123,896	166,667
California	7	514	-	-	-	514	4,993,524	1,108,007
Connecticut	2	-	-	-	-	-	81,835	24,671
Delaware	1	195	-	-	-	195	1,648,000	547,165
District of Columbia	1	50	-	-	-	50	420,276	255,862
Florida	8	311	-	-	-	311	3,418,151	1,084,759
Georgia	3	51	-	-	-	51	1,323,762	652,260
Idaho	1	37	-	-	-	37	228,389	113,077
Illinois	5	190	-	-	-	190	4,086,746	672,488
Indiana	5	195	-	-	-	195	2,952,809	505,245
Iowa	1	120	-	-	-	120	2,894,510	707,655
Kansas	2	124	-	-	-	124	1,126,223	450,439
Kentucky	2	223	-	-	-	223	1,324,791	708,567
Louisiana	3	104	-	-	-	104	1,842,364	587,890
Maine	3	81	-	-	16	65	655,275	287,634
Maryland	3	530	-	-	-	530	4,030,515	896,863
Massachusetts	5	394	-	-	-	394	8,843,921	972,286
Michigan	2	126	-	-	-	126	1,733,925	497,501
Minnesota	3	272	-	-	-	272	3,273,403	1,007,667
Mississippi	1	100	-	-	-	100	1,010,000	670,000
Missouri	2	100	-	-	-	100	1,180,483	352,584
Montana	1	13	-	-	-	13	239,512	95,805
New Jersey	1	30	-	-	-	30	90,836	34,969

Table 7 e Continued - CHRONIC HOSPITALS: State Distribution of Beds Provided, By Type of Care
December 31, 1957

Area	Number of Projects	Total Beds	Beds Provided by Type of Care				Estimated Costs	
			General	Tuberculosis	Mental	Chronic	Total Cost	Federal Share
New Mexico	5	134	-	-	-	134	1,869,688	678,392
New York	4	375	-	-	-	375	4,715,332	631,187
North Carolina	3	200	-	-	-	200	2,306,399	1,044,047
North Dakota	1	60	-	-	-	60	725,702	221,495
Ohio	2	820	-	-	-	820	9,950,433	2,024,895
Oklahoma	6	117	-	-	-	117	1,412,969	531,178
Pennsylvania	5	206	-	-	-	206	3,421,122	963,450
Rhode Island	2	32	-	-	-	32	3,861,326	546,110
South Carolina	4	71	-	-	-	71	878,350	420,490
Tennessee	3	222	-	-	-	222	3,386,681	1,689,140
Texas	6	408	-	-	-	408	12,638,448	3,186,597
Utah	1	80	-	-	-	80	1,134,002	567,001
Virginia	2	148	-	-	-	148	2,176,680	609,327
Washington	2	226	-	-	-	226	858,041	181,344
West Virginia	2	193	-	-	-	193	2,547,450	735,826
Wisconsin	3	119	-	-	-	119	2,000,130	559,579
Wyoming	1	15	-	-	-	15	737,945	368,973
Puerto Rico	1	100	-	-	-	100	1,098,705	732,470

28728 O—58——24

Table 7 f - NURSING HOMES: State Distribution of Beds Provided
December 31, 1957

Area	Number of Projects	Beds Provided	Estimated Costs	
			Total Cost	Federal Share
Total - United States & Territories	99	4,542	$48,374,594	$14,616,256
Alabama	4	114	1,064,297	658,895
Arizona	3	122	828,723	402,848
Arkansas	3	109	1,365,946	815,795
California	8	269	2,962,100	617,885
Colorado	2	25	223,895	97,021
Connecticut	1	50	445,004	148,335
Florida	2	71	618,420	276,872
Georgia	1	46	290,430	144,690
Idaho	3	111	724,015	358,588
Illinois	2	104	1,270,000	293,742
Indiana	4	173	2,587,276	329,708
Iowa	1	28	185,330	56,485
Kentucky	2	147	1,783,395	859,164
Louisiana	1	20	151,000	94,938
Maryland	2	144	2,781,268	486,000
Massachusetts	1	21	207,140	73,704
Michigan	2	136	1,197,929	230,201
Minnesota	2	188	2,138,327	431,656
Missouri	2	64	549,587	226,783
Montana	4	130	1,197,523	459,164
Nebraska	2	72	1,095,616	350,000
New Hampshire	4	130	1,709,706	460,000
New Jersey	2	190	1,457,701	323,209
New York	7	605	7,579,518	1,482,586
North Dakota	3	221	1,737,982	699,913

Table 7 f Continued - NURSING HOMES: State Distribution of Beds Provided December 31, 1957

Area	Number of Projects	Beds Provided	Estimated Costs	
			Total Cost	Federal Share
Ohio	3	191	3,379,677	835,735
Oklahoma	3	89	496,926	232,153
Oregon	3	134	1,684,939	570,594
Pennsylvania	1	164	1,372,768	359,026
South Carolina	2	95	586,715	255,992
South Dakota	5	188	1,441,529	709,238
Tennessee	3	81	740,932	324,173
Texas	1	16	134,000	67,000
Utah	1	27	95,346	46,901
Vermont	2	70	908,081	355,050
Washington	1	49	55,352	22,141
Wisconsin	5	130	1,189,039	391,490
Wyoming	1	18	137,162	68,581

Table 8 - DIAGNOSTIC CENTERS: State Distribution of Units Provided
December 31, 1957

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Total - United States & Territories	153	$63,626,746	$17,133,320
Alabama	2	279,415	134,256
Arizona	1	117,381	58,691
Arkansas	1	225,760	112,880
California	5	3,483,852	844,457
Colorado	4	1,078,448	413,191
Connecticut	7	2,955,644	465,079
Delaware	1	205,669	102,834
District of Columbia	1	2,272,308	325,000
Florida	3	1,088,071	389,024
Georgia	5	2,868,831	776,479
Illinois	6	3,147,887	600,076
Indiana	1	67,597	22,499
Iowa	1	212,800	70,933
Kansas	2	532,746	213,098
Kentucky	2	2,373,823	224,306
Louisiana	2	862,849	398,514
Maine	3	3,537,174	329,313
Maryland	2	1,837,494	520,567
Massachusetts	6	4,129,034	453,120
Michigan	5	818,047	314,482
Minnesota	2	1,396,843	300,000
Mississippi	4	339,054	225,000
Missouri	2	1,870,430	292,428
Montana	1	165,901	66,360
Nebraska	3	1,475,552	549,485

Table 8 Continued - DIAGNOSTIC CENTERS: State Distribution of Units Provided December 31, 1957

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Nevada	3	1,322,889	511,444
New Hampshire	10	1,261,264	580,834
New Jersey	7	1,980,457	420,232
New Mexico	4	674,165	248,804
New York	1	459,410	153,137
North Carolina	3	447,331	223,666
North Dakota	1	49,160	22,614
Ohio	2	1,350,564	252,395
Oklahoma	4	1,079,063	328,763
Oregon	3	698,867	147,357
Pennsylvania	8	2,052,709	517,061
Rhode Island	2	600,233	253,890
South Carolina	6	664,490	318,849
Tennessee	6	1,125,860	569,772
Texas	7	2,334,519	1,065,598
Vermont	3	447,265	210,139
Virginia	3	1,769,343	771,959
Washington	1	2,673,892	1,040,000
West Virginia	1	1,813,640	200,000
Wisconsin	3	1,187,909	352,275
Wyoming	1	186,065	92,459
Hawaii	1	1,880,041	500,000
Puerto Rico	1	225,000	150,000

Table 9 - REHABILITATION FACILITIES: State Distribution of Units Provided
December 31, 1957

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Total - United States & Territories	66	$51,966,419	$10,699,482
Alabama	2	871,983	520,936
Arizona	1	226,867	113,433
Arkansas	1	267,103	176,902
California	3	2,516,426	541,888
Colorado	2	267,929	102,084
Connecticut	1	470,459	148,771
District of Columbia	2	1,627,067	200,000
Florida	4	8,698,217	520,738
Georgia	2	514,784	257,392
Idaho	1	294,255	145,641
Illinois	2	2,474,000	416,573
Indiana	2	717,945	220,962
Iowa	1	584,655	107,655
Kansas	2	839,483	200,000
Kentucky	1	1,131,497	6,280
Louisiana	2	338,946	210,961
Maryland	1	375,000	125,000
Massachusetts	1	1,050,159	400,000
Michigan	1	1,745,242	306,390
Minnesota	1	1,358,407	202,379
Missouri	2	968,528	244,803
Montana	1	164,230	65,692
Nebraska	1	217,503	87,002
New Hampshire	1	650,360	150,000
New Jersey	1	357,693	125,420

Table 9 Continued - REHABILITATION FACILITIES: State Distribution of Units Provided December 31, 1957

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
New Mexico	2	400,000	200,000
New York	2	1,911,831	351,350
North Carolina	1	579,000	289,500
North Dakota	1	282,908	130,138
Ohio	1	1,420,533	439,558
Oklahoma	1	204,897	102,449
Pennsylvania	2	6,714,100	459,026
Rhode Island	1	2,150,000	117,214
South Dakota	1	504,091	218,600
Tennessee	1	1,054,434	406,190
Texas	2	985,753	424,185
Utah	1	311,955	152,500
Vermont	1	585,000	200,000
Virginia	2	1,574,205	375,890
Washington	1	917,287	350,000
West Virginia	1	999,920	114,996
Wisconsin	3	1,460,355	177,184
Wyoming	1	358,068	175,400
Hawaii	1	420,744	150,000
Puerto Rico	1	402,600	268,400

Table 10 - PUBLIC HEALTH CENTERS: State Distribution of Units Provided
December 31, 1957

For Additional Public Health Centers see Table 7 b - General Hospitals with Health Centers

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Total - United States & Territories	647	$91,629,328	$32,163,005
Alabama	29	5,177,185	2,877,780
Arkansas	2	116,694	77,796
California	26	7,758,445	2,295,872
Colorado	6	697,209	298,697
Connecticut	3	274,717	68,876
Florida	26	2,680,419	1,230,869
Georgia	100	8,794,329	3,376,221
Idaho	2	142,687	71,344
Illinois	3	590,494	157,536
Indiana	1	19,195	2,942
Kansas	1	744,456	290,820
Kentucky	43	2,793,440	1,648,698
Louisiana	54	4,795,174	2,174,352
Maryland	13	4,004,728	628,383
Massachusetts	3	2,546,763	613,644
Michigan	6	10,562,314	642,533
Minnesota	4	3,243,377	1,212,948
Mississippi	42	2,537,614	1,295,797
Missouri	2	940,302	329,948
New Jersey	2	161,400	63,780
New Mexico	4	659,582	323,386
New York	3	573,736	164,181
North Carolina	80	4,270,882	1,751,852
Ohio	3	2,301,694	681,757
Oklahoma	14	1,172,118	572,664

Table 1C Continued - PUBLIC HEALTH CENTERS: State Distribution of Units Provided
December 31, 1957

For Additional Public Health Centers see Table 7 b - General Hospitals with Health Centers

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Oregon	2	543,619	145,312
Pennsylvania	1	2,317,733	772,577
South Carolina	72	3,706,532	1,768,147
Tennessee	38	5,118,100	2,118,076
Texas	10	2,978,047	1,437,279
Utah	2	423,451	182,794
Virginia	32	3,005,002	1,516,780
Washington	6	1,740,174	296,500
West Virginia	3	2,951,271	296,316
Alaska	3	328,262	164,031
Hawaii	3	135,196	67,022
Puerto Rico	3	822,987	544,495

Table 11 - STATE HEALTH DEPARTMENT LABORATORIES:
State Distribution of Units Provided
December 31, 1957

Area	Number of Projects	Estimated Costs	
		Total Cost	Federal Share
Total - United States & Territories	21	$23,793,834	$5,358,903
Alabama	1	649,572	432,714
Florida	2	781,028	369,924
Illinois	1	119,926	46,531
Kentucky	1	482,808	321,872
Maryland	1	100,440	33,056
Massachusetts	1	248,831	104,509
Mississippi	1	1,382,861	339,693
Montana	1	1,093,454	120,950
Oklahoma	2	236,286	124,216
Oregon	1	2,368,414	87,012
South Dakota	1	108,687	46,687
Tennessee	2	9,614,089	737,968
Texas	2	3,117,357	1,163,932
Utah	1	769,156	231,189
Vermont	1	452,384	84,337
West Virginia	1	585,123	356,925
Wisconsin	1	1,683,418	757,388

Table 12 - SUMMARY by Capacity in Beds
for all Projects Providing In-patient Care
Showing Number and Percentage Distributions
December 31, 1957
(Funds in Thousands of Dollars)

Resulting Bed Capacity	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
					NUMBER							
TOTAL	2,838	161,200	$2,842,536	$892,173	1,278	77,214	$1,310,203	$440,661	1,560	83,986	$1,532,333	$451,512
Under 25	330	4,809	88,517	35,440	247	4,071	80,421	24,983	83	738	28,096	10,457
25 - 49	639	18,765	263,767	109,377	475	15,375	217,753	92,183	164	3,390	46,015	17,194
50 - 74	384	15,797	246,211	97,570	204	11,018	170,666	68,337	180	4,779	75,545	29,233
75 - 99	217	11,022	187,738	66,520	78	6,155	98,387	33,715	139	4,867	89,351	32,806
100 - 299	895	68,667	1,241,753	394,143	228	29,328	532,559	167,856	667	39,339	709,193	226,286
300 - 499	199	19,401	443,464	112,678	29	6,660	141,660	42,545	170	12,741	301,804	70,134
500 or more	174	22,739	371,086	76,445	17	4,607	88,757	11,042	157	18,132	282,329	65,402
					PERCENT							
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 25	11.6	3.0	3.1	4.0	19.3	5.3	4.6	5.7	5.3	.9	1.8	2.3
25 - 49	22.5	11.7	9.3	12.3	37.2	19.9	16.6	20.9	10.5	4.0	3.0	3.8
50 - 74	13.5	9.8	8.7	10.9	16.0	14.3	13.0	15.5	11.5	5.7	4.9	6.5
75 - 99	7.7	6.8	6.6	7.4	6.1	8.0	7.5	7.6	8.9	5.8	5.8	7.3
100 - 299	31.6	42.6	43.7	44.2	17.8	38.0	40.7	38.1	42.8	46.8	46.3	50.1
300 - 499	7.0	12.0	15.6	12.6	2.3	8.6	10.8	9.7	10.9	15.2	19.7	15.5
500 or more	6.1	14.1	13.0	8.6	1.3	5.9	6.8	2.5	10.1	21.6	18.5	14.5

Table 12 a - Distribution by Capacity in Beds
for each Type of Facility Providing Inpatient Care
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Resulting Bed Capacity	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
GENERAL												
TOTAL	2,437	128,359	$2,512,941	$783,114	1,154	65,348	$1,170,168	$395,190	1,283	63,011	$1,342,773	$387,924
Under 25	298	4,325	82,618	32,999	237	3,902	58,380	24,224	61	423	24,238	8,775
25 - 49	580	16,993	244,076	102,784	452	14,620	209,156	88,918	128	2,373	34,920	13,866
50 - 74	344	14,165	225,111	89,759	184	10,038	156,896	63,696	160	4,127	68,216	26,063
75 - 99	192	9,735	170,275	60,858	65	5,254	85,729	29,926	127	4,481	84,545	30,932
100 - 299	782	59,575	1,128,389	358,865	188	25,012	476,044	149,515	594	34,563	652,345	209,350
300 - 499	161	15,662	402,389	98,828	21	4,630	116,250	34,455	140	11,032	286,139	64,373
500 or more	80	7,904	260,083	39,021	7	1,892	67,713	4,456	73	6,012	192,370	34,565
TUBERCULOSIS												
TOTAL	69	7,118	68,515	24,488	30	3,653	39,594	14,431	39	3,465	28,921	10,057
Under 25	2	-	214	132	1	-	80	42	1	-	135	90
25 - 49	2	11	435	106	-	-	-	-	2	11	435	106
50 - 74	6	309	4,219	1,553	5	309	4,166	1,530	1	-	53	23
75 - 99	6	317	4,690	1,332	3	241	3,728	1,006	3	76	962	326
100 - 299	31	2,859	34,379	12,429	17	1,711	22,086	8,776	14	1,148	12,293	3,653
300 - 499	9	822	7,000	2,690	2	350	3,107	875	7	472	3,892	1,815
500 or more	13	2,800	17,578	6,246	2	1,042	6,427	2,202	11	1,758	11,151	4,044
MENTAL												
TOTAL	108	13,663	106,452	40,655	20	3,280	29,653	11,502	88	10,383	76,799	29,153
Under 25	3	18	469	182	-	-	-	-	3	18	469	182
25 - 49	3	82	1,215	241	2	72	975	161	1	10	240	80
50 - 74	1	65	1,285	404	1	65	1,285	404	-	-	-	-
75 - 99	1	90	1,655	519	1	90	1,655	519	-	-	-	-
100 - 299	19	1,833	21,079	7,755	7	753	7,320	3,222	12	1,080	13,759	4,533
300 - 499	12	1,338	9,598	4,626	2	770	5,658	3,127	10	568	3,940	1,499
500 or more	69	10,237	71,151	26,928	7	1,530	12,760	4,069	62	8,707	58,391	22,859

Table 12 a Continued - Distribution by Capacity in Beds
for each Type of Facility, Providing Inpatient Care
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Resulting Bed Capacity	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
CHRONIC												
TOTAL	125	7,518	106,253	29,300	34	2,895	48,468	12,162	91	4,623	57,785	17,138
Under 25	4	36	878	387	-	-	-	-	4	36	878	387
25 - 49	11	225	3,991	1,085	6	137	2,612	780	5	88	1,379	305
50 - 74	20	581	8,974	3,553	9	316	5,674	1,850	11	265	3,300	1,703
75 - 99	11	417	5,864	2,232	4	160	2,590	925	7	257	3,273	1,308
100 - 299	51	3,091	42,957	11,607	10	1,229	19,088	4,204	41	1,862	23,869	7,402
300 - 499	17	1,579	24,478	6,535	4	910	16,646	4,088	13	669	7,832	2,447
500 or more	11	1,589	19,111	3,901	1	143	1,858	315	10	1,446	17,254	3,586
NURSING HOMES												
TOTAL	99	4,542	48,375	14,616	40	2,038	22,321	7,375	59	2,504	26,054	7,241
Under 25	23	430	4,338	1,740	9	169	1,961	717	14	261	2,377	1,023
25 - 49	43	1,454	14,051	5,161	15	546	5,010	2,323	28	908	9,040	2,838
50 - 74	13	677	6,621	2,301	5	290	2,645	857	8	387	3,977	1,444
75 - 99	7	463	5,253	1,580	5	410	4,684	1,340	2	53	569	240
100 - 299	12	1,309	14,949	3,486	6	623	8,021	2,138	6	686	6,928	1,348
300 - 499	-	-	-	-	-	-	-	-	-	-	-	-
500 or more	1	209	3,163	348	-	-	-	-	1	209	3,163	348

Table 13 - SUMMARY of All Projects by Size of Community
Showing Number and Percentage Distributions
December 31, 1957
(Funds in Thousands of Dollars)

Size of Community	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
					NUMBER							
TOTAL	3,725	161,200	$3,073,552	$957,528	1,961	77,214	$1,453,964	$433,637	1,764	83,986	$1,619,588	$473,891
Under 2,500	839	20,293	302,297	110,883	648	12,514	204,956	80,468	191	7,779	97,341	30,415
2,500- 4,999	564	14,950	230,580	89,430	395	10,539	158,946	63,299	169	4,411	71,635	26,131
5,000- 9,999	568	20,882	331,057	128,363	327	12,614	198,956	79,553	241	8,268	132,102	48,811
10,000- 24,999	577	31,314	528,763	183,553	237	14,206	232,585	83,721	340	17,108	296,178	99,832
25,000- 49,999	325	20,173	378,649	111,221	99	7,468	147,800	42,261	226	12,705	230,848	68,960
50,000- 99,999	256	17,252	364,181	107,470	82	7,158	151,660	48,075	174	10,094	212,521	59,395
100,000-249,999	289	20,293	420,650	119,482	77	7,080	159,713	47,514	212	13,213	260,936	71,968
250,000-499,999	130	7,028	172,061	48,624	49	2,353	76,559	18,509	81	4,675	95,502	30,115
500,000 or more	177	9,015	345,314	58,502	47	3,282	122,789	20,237	130	5,733	222,525	38,264
					PERCENT							
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 2,500	22.5	12.6	9.8	11.6	33.0	16.2	14.1	16.6	10.8	9.3	6.0	6.4
2,500- 4,999	15.1	9.3	7.5	9.3	20.1	13.6	10.9	13.1	9.6	5.3	4.5	5.5
5,000- 9,999	15.2	12.9	10.8	13.4	16.7	16.3	13.7	16.5	13.6	9.8	8.2	10.3
10,000- 24,999	15.5	19.4	17.2	19.2	12.1	18.4	16.0	17.3	19.3	20.4	18.3	21.1
25,000- 49,999	8.7	12.5	12.4	11.6	5.1	9.7	10.2	8.7	12.8	15.1	14.2	14.5
50,000- 99,999	6.9	10.7	11.8	11.2	4.2	9.3	10.4	10.0	9.9	12.0	13.1	12.5
100,000-249,999	7.8	12.6	13.7	12.5	3.9	9.2	11.0	9.8	12.0	15.7	16.1	15.2
250,000-499,999	3.5	4.4	5.6	5.1	2.5	3.0	5.3	3.8	4.6	5.6	5.9	8.0
500,000 or more	4.8	5.6	11.2	6.1	2.4	4.3	8.4	4.2	7.4	6.8	13.7	8.1

Table 13 a - Distribution by Size of Community
for each Type of Facility
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Size of Community	All Projects				New Projects				Additions & Alterations			
	No.of Proj.	Beds Added	Total Cost	Federal Share	No.of Proj.	Beds Added	Total Cost	Federal Share	No.of Proj.	Beds Added	Total Cost	Federal Share
GENERAL												
TOTAL	2,437	128,359	$2,512,941	$783,114	1,154	65,348	$1,170,168	$395,190	1,283	63,011	$1,342,773	$387,924
Under - 2,500	505	13,520	220,357	82,842	387	10,815	168,918	67,367	118	2,705	51,438	15,476
2,500 - 4,999	410	13,417	199,219	78,970	273	10,009	142,502	56,892	137	3,408	56,717	22,077
5,000 - 9,999	399	17,835	293,532	113,903	212	11,548	179,696	72,466	187	6,287	113,837	41,436
10,000 - 24,999	427	27,700	479,488	167,042	140	12,439	208,314	74,768	287	15,261	271,174	92,274
25,000 - 49,999	207	16,418	306,479	91,784	46	5,754	106,149	32,598	161	10,664	200,330	59,186
50,000 - 99,999	157	14,318	303,489	90,076	35	6,070	122,631	39,138	122	8,248	180,858	50,939
100,000 - 249,999	162	13,763	314,236	83,999	30	5,141	105,586	31,529	132	8,622	208,650	52,470
250,000 - 499,999	66	4,848	129,062	33,603	17	1,572	51,656	9,937	49	3,276	77,406	23,666
500,000 or more	104	6,540	267,079	40,895	14	2,000	84,716	10,495	90	4,540	182,363	30,400
TUBERCULOSIS												
TOTAL	69	7,118	68,515	24,488	30	3,653	39,594	14,431	39	3,465	28,921	10,057
Under 2,500	19	1,634	13,431	4,650	1	500	3,710	1,190	18	1,134	9,721	3,461
2,500 - 4,999	4	227	4,385	1,263	3	177	3,285	915	1	50	1,101	347
5,000 - 9,999	6	270	2,970	1,141	3	100	1,396	462	3	170	1,574	679
10,000 - 24,999	7	994	8,136	3,069	7	994	8,136	3,069	-	-	-	-
25,000 - 49,999	7	692	7,894	2,396	5	692	7,576	2,221	2	-	318	175
50,000 - 99,999	8	846	7,507	2,731	6	684	6,494	2,649	2	162	1,012	81
100,000 - 249,999	9	1,648	18,083	6,987	3	446	7,392	3,383	6	1,202	10,692	3,605
250,000 - 499,999	8	747	4,789	1,804	1	-	285	95	7	747	4,503	1,709
500,000 or more	1	60	1,320	447	1	60	1,320	447	-	-	-	-
MENTAL												
TOTAL	108	13,663	106,452	40,655	20	3,280	29,653	11,502	88	10,383	76,799	29,153
Under 2,500	27	3,765	33,029	11,878	5	917	13,953	4,599	22	2,843	19,070	7,279
2,500 - 4,999	3	90	1,066	349	-	-	-	-	3	90	1,066	349
5,000 - 9,999	18	1,775	10,475	4,214	3	430	1,967	656	15	1,345	8,509	3,558
10,000 - 24,999	11	1,682	9,098	2,680	2	487	892	297	9	1,195	8,206	2,383
25,000 - 49,999	15	1,470	10,029	4,333	1	260	1,576	1,051	14	1,210	8,452	3,282
50,000 - 99,999	13	986	9,388	2,850	-	-	-	-	13	986	9,388	2,850
100,000 - 249,999	13	3,174	20,665	5,810	4	756	4,063	2,421	9	2,418	16,602	3,389
250,000 - 499,999	4	369	6,013	2,281	2	168	3,332	1,241	2	171	2,681	1,040
500,000 or more	4	352	6,689	2,260	3	232	3,365	1,237	1	120	3,325	1,023

Table 15 a Continued - Distribution by Size of Community for each Type of Facility
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Size of Community	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
CHRONIC												
TOTAL	125	7,518	106,253	29,300	34	2,895	48,468	12,162	91	4,623	57,785	17,138
Under 2,500	8	615	7,281	1,836	1	20	1,151	191	7	595	6,130	1,646
2,500 - 4,999	5	525	7,141	1,591	2	35	1,206	429	3	490	5,935	1,162
5,000 - 9,999	15	429	5,198	2,062	4	142	1,545	583	11	287	3,652	1,479
10,000 - 24,999	9	279	8,223	2,200	2	54	1,361	422	7	225	6,862	1,778
25,000 - 49,999	22	1,310	18,195	4,820	6	620	8,834	1,881	16	690	9,361	2,940
50,000 - 99,999	17	814	9,680	3,552	5	352	4,187	1,473	12	462	5,493	2,078
100,000 - 249,999	27	1,385	20,778	5,574	5	567	9,659	1,679	22	818	11,119	3,895
250,000 - 499,999	4	521	3,272	1,651	3	295	2,831	1,497	1	226	391	153
500,000 or more	18	1,640	26,485	6,014	6	810	17,644	4,007	12	830	8,842	2,007
NURSING HOMES												
TOTAL	99	4,542	48,375	14,616	40	2,038	22,321	7,375	59	2,504	26,054	7,241
Under 2,500	17	759	10,058	2,309	7	262	3,960	989	10	497	6,098	1,320
2,500 - 4,999	19	691	7,412	2,628	7	318	3,718	1,381	12	373	3,694	1,247
5,000 - 9,999	15	573	4,650	1,623	8	394	2,926	971	7	179	1,724	652
10,000 - 24,999	19	659	6,138	2,230	6	232	2,277	856	13	427	3,861	1,374
25,000 - 49,999	6	283	2,923	1,320	2	142	922	436	4	141	2,000	884
50,000 - 99,999	4	288	2,534	749	1	52	599	189	3	236	1,935	560
100,000 - 249,999	7	323	2,626	830	3	170	1,653	530	4	153	974	300
250,000 - 499,999	3	543	5,515	1,771	4	288	3,156	1,276	4	255	2,359	495
500,000 or more	4	423	6,519	1,156	2	180	3,110	747	2	243	3,409	409
DIAGNOSTIC OR TREATMENT CENTERS												
TOTAL	153	XX	63,627	17,133	28	XX	12,232	3,056	125	XX	51,395	14,077
Under 2,500	10	XX	2,859	611	4	XX	237	107	6	XX	2,621	504
2,500 - 4,999	9	XX	1,893	718	-	XX	-	-	9	XX	1,893	718
5,000 - 9,999	15	XX	3,362	969	2	XX	1,025	175	13	XX	2,337	794
10,000 - 24,999	23	XX	6,051	2,070	3	XX	191	92	20	XX	5,860	1,978
25,000 - 49,999	18	XX	8,440	1,816	2	XX	1,864	225	16	XX	6,576	1,591
50,000 - 99,999	24	XX	12,591	2,507	6	XX	3,572	687	18	XX	9,020	1,321
100,000 - 249,999	25	XX	9,759	3,104	1	XX	226	113	24	XX	9,534	2,991
250,000 - 499,999	19	XX	8,948	3,131	6	XX	2,623	1,079	13	XX	6,325	2,052
500,000 or more	10	XX	9,724	2,207	4	XX	2,494	578	6	XX	7,229	1,628

250,000 - 499,999	19	XX	8,948	3,131	6	XX	2,623	1,079	13	XX	6,325	2,052
500,000 or more	10	XX	9,724	2,207	4	XX	2,494	578	6	XX	7,229	1,628

Table 13 a Continued - Distribution by Size of Community
for each Type of Facility
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Size of Community	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
REHABILITATION CENTER												
TOTAL	66	XX	51,966	10,700	27	XX	23,777	4,554	39	XX	28,189	6,146
Under 2,500	5	XX	3,300	993	1	XX	1,420	440	4	XX	1,880	554
2,500 - 4,999	2	XX	1,441	344	1	XX	358	176	1	XX	1,083	168
5,000 - 9,999	1	XX	200	100	-	XX	-	-	1	XX	200	100
10,000 - 24,999	3	XX	952	402	3	XX	952	402	-	XX	-	-
25,000 - 49,999	12	XX	14,385	1,727	6	XX	11,226	1,040	6	XX	3,159	687
50,000 - 99,999	6	XX	4,891	641	5	XX	4,387	422	1	XX	504	219
100,000 - 249,999	16	XX	6,487	2,886	9	XX	3,763	1,852	7	XX	2,724	1,033
250,000 - 499,999	4	XX	1,854	677	-	XX	-	-	4	XX	1,854	677
500,000 or more	17	XX	18,456	2,930	2	XX	1,671	222	15	XX	16,785	2,708
PUBLIC HEALTH CENTER												
TOTAL	647 (87)	XX	91,629	32,163	616 (70)	XX	87,027	31,472	31 (17)	XX	4,602	691
Under 2,500	247 (29)	XX	11,735	5,657	242 (25)	XX	11,600	5,586	5 (4)	XX	135	72
2,500 - 4,999	112 (16)	XX	8,023	3,569	109 (14)	XX	7,877	3,506	3 (2)	XX	147	62
5,000 - 9,999	98 (19)	XX	10,561	4,306	95 (13)	XX	10,401	4,239	3 (6)	XX	160	67
10,000 - 24,999	77 (17)	XX	9,583	3,739	73 (14)	XX	9,367	3,694	4 (3)	XX	215	44
25,000 - 49,999	37 (4)	XX	9,852	2,942	30 (3)	XX	9,201	2,726	7 (1)	XX	652	216
50,000 - 99,999	23 (2)	XX	10,284	2,830	21 (1)	XX	7,656	2,740	2 (1)	XX	2,627	90
100,000 - 249,999	22 (-)	XX	13,839	3,437	17 (-)	XX	13,524	3,306	5 (-)	XX	315	131
250,000 - 499,999	14 (-)	XX	8,931	3,171	14 (-)	XX	8,931	3,171	- (-)	XX	-	-
500,000 or more	17 (-)	XX	8,821	2,512	15 (-)	XX	8,470	2,504	2 (-)	XX	351	9

Note: Figures in parenthesis indicate additional Public Health Centers built in combination with General Hospitals, and not reported as separate projects.

28728 O—58——25

Table 13 a Continued - Distribution by Size of Community
for each Type of Facility
December 31, 1957
(Funds in Thousands of Dollars)

Type of Facility and Size of Community	All Projects				New Projects				Additions & Alterations			
	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share	No. of Proj.	Beds Added	Total Cost	Federal Share
STATE HEALTH LABORATORY												
TOTAL	21	XX	23,794	5,359	12	XX	20,724	3,895	9	XX	3,070	1,464
Under 2,500	1	XX	249	105	-	XX	-	-	1	XX	249	105
2,500 - 4,999	-	XX	-	-	-	XX	-	-	-	XX	-	-
5,000 - 9,999	1	XX	109	47	-	XX	-	-	1	XX	109	47
10,000 - 24,999	1	XX	1,094	121	1	XX	1,094	121	-	XX	-	-
25,000 - 49,999	1	XX	452	84	1	XX	452	84	-	XX	-	-
50,000 - 99,999	4	XX	3,817	1,534	3	XX	2,134	777	1	XX	1,683	757
100,000 -249,999	8	XX	14,175	2,854	5	XX	13,849	2,700	3	XX	326	154
250,000 -499,999	3	XX	3,678	534	2	XX	3,195	213	1	XX	483	321
500,000 or more	2	XX	220	80	-	XX	-	-	2	XX	220	80

Table 14 - State Distribution of All Projects, By Ownership
December 31, 1957
(Funds in Thousands of Dollars)

Area	State-Owned				Other Public				Nonprofit			
	Beds	Projects	Total Cost	Federal Share	Beds	Projects	Total Cost	Federal Share	Beds	Projects	Total Cost	Federal Share
Total - United States & Territories	22,787	263	$338,562	$101,571	54,269	1,820	$942,530	$338,702	84,144	1,642	$1,792,460	$517,255
Alabama	125	3	3,520	1,084	2,252	80	35,234	21,281	1,695	23	26,494	13,906
Arizona	-	1	152	76	432	11	3,927	1,624	881	20	15,848	5,033
Arkansas	900	8	12,233	3,555	1,486	33	18,901	10,586	1,064	14	18,496	10,510
California	-	-	-	-	3,717	86	74,633	18,244	3,817	55	78,776	19,401
Colorado	-	1	162	70	351	13	5,511	1,914	948	23	22,026	6,219
Connecticut	-	-	-	-	50	4	720	217	1,308	40	47,110	6,440
Delaware	768	5	6,501	1,739	-	-	-	-	101	3	2,142	786
Dist. of Col.	-	-	-	-	54	2	2,441	529	188	9	13,875	2,409
Florida	1,050	7	17,865	3,579	2,241	67	40,842	13,411	1,152	25	15,776	5,616
Georgia	-	2	318	175	4,447	204	81,522	31,375	363	10	8,201	2,862
Idaho	50	1	1,101	347	681	19	9,242	2,898	349	10	4,593	929
Illinois	100	2	2,237	493	877	18	18,090	5,576	4,656	71	113,507	27,638
Indiana	-	1	4,006	1,354	1,462	40	26,833	9,564	1,953	26	39,282	11,938
Iowa	105	4	2,952	825	1,344	36	18,981	6,132	2,170	33	38,308	10,427
Kansas	153	2	2,864	722	908	22	13,790	4,993	1,114	33	30,269	7,555
Kentucky	1,098	11	21,113	2,811	1,374	76	24,410	11,988	2,144	39	33,512	16,087
Louisiana	1,175	10	19,029	6,176	1,010	76	21,818	11,340	1,691	23	29,592	8,799
Maine	-	1	441	116	92	3	858	373	834	21	16,894	6,617
Maryland	549	6	9,552	1,965	482	18	9,073	1,926	1,462	31	57,158	8,676
Massachusetts	-	2	1,716	355	855	11	16,885	2,648	3,713	83	96,829	18,004
Michigan	342	4	3,584	1,472	1,255	39	34,467	8,582	2,908	51	60,677	18,374
Minnesota	398	5	16,899	3,433	1,176	38	20,760	7,441	1,505	34	32,538	10,512
Mississippi	864	5	10,722	5,645	2,641	106	35,327	19,984	444	6	5,827	2,857
Missouri	69	2	926	327	992	21	16,530	5,579	2,327	36	49,328	17,572
Montana	-	1	1,093	121	274	14	3,291	1,203	410	18	5,776	1,628

Table 14 Continued - State Distribution of All Projects, By Ownership
December 31, 1957
(Funds in Thousands of Dollars)

Area	State-Owned				Other Public				Nonprofit			
	Beds	Projects	Total Cost	Federal Share	Beds	Projects	Total Cost	Federal Share	Beds	Projects	Total Cost	Federal Share
Nebraska	90	2	2,758	640	332	18	4,192	1,657	835	37	23,045	6,378
Nevada	210	4	964	182	234	10	4,320	1,725	35	1	787	252
New Hampshire	-	1	143	67	128	3	1,569	452	511	25	14,089	4,293
New Jersey	559	3	9,117	1,732	1,361	10	13,401	2,703	2,752	37	52,700	13,374
New Mexico	-	2	545	200	485	21	7,138	2,859	748	18	13,111	3,923
New York	-	-	-	-	847	22	34,630	4,403	7,783	106	156,885	37,984
North Carolina	745	12	4,400	1,636	3,188	158	50,120	19,616	2,790	87	46,282	16,222
North Dakota	204	3	1,499	471	6	1	249	109	697	27	11,797	4,002
Ohio	77	1	1,810	350	2,609	34	43,096	11,002	4,536	64	96,226	23,812
Oklahoma	1,991	30	12,451	5,993	1,257	52	17,771	7,183	1,410	36	24,363	8,258
Oregon	130	6	4,916	509	261	12	4,031	1,276	1,760	33	24,363	7,019
Pennsylvania	-	-	-	-	180	4	3,895	1,202	6,967	115	173,583	48,961
Rhode Island	150	2	3,182	496	-	-	-	-	511	17	22,420	3,581
South Carolina	1,087	17	15,475	7,101	1,810	114	29,720	14,315	392	14	4,194	1,986
South Dakota	-	1	109	47	202	9	2,388	1,030	638	21	10,796	3,631
Tennessee	1,562	14	29,907	8,294	2,428	85	41,096	17,878	808	20	14,149	5,900
Texas	1,980	9	22,111	6,603	5,083	104	79,793	27,986	3,228	54	59,286	23,884
Utah	62	4	2,740	1,012	209	11	5,006	2,122	300	7	5,418	2,355
Vermont	-	1	452	84	40	1	280	140	593	14	11,213	3,613
Virginia	502	6	9,408	1,332	547	38	12,520	5,135	2,992	51	57,622	21,506
Washington	140	4	15,737	2,797	685	21	12,465	3,215	946	24	26,902	5,210
West Virginia	1,210	16	19,405	2,864	580	18	17,670	6,988	660	8	15,236	6,375
Wisconsin	240	2	4,507	1,671	716	14	13,951	3,217	2,248	68	47,979	16,255
Wyoming	-	-	-	-	430	16	5,749	1,870	50	3	1,873	701
Alaska	-	2	138	69	23	2	567	193	107	6	3,637	1,234
Hawaii	108	4	2,544	440	175	2	2,463	830	281	5	5,569	2,106
Puerto Rico	3,994	33	35,258	20,541	-	1	334	170	363	7	6,101	3,645
Virgin Is.	-	-	-	-	-	2	30	18	-	-	-	-

This material has been prepared in limited quantity and should not be listed in reading lists or periodicals as available on request.

Hospital and Medical Facilities

PROJECT REGISTER

December 31, 1957

complete listing

ALL PROJECTS APPROVED UNDER TITLE VI
OF THE PUBLIC HEALTH SERVICE ACT

AND

monthly supplement

SHOWING PROJECTS APPROVED DURING
THE CURRENT MONTH

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service - Division of Hospital and Medical Facilities

TABLE OF CONTENTS

Subject	Page
EXPLANATORY NOTES	
PROJECT REGISTER	
COMPLETE LISTING: All Projects Approved under Title VI of the Public Health Service Act	1-55
MONTHLY SUPPLEMENT: Showing Projects Approved During the Current Month	1-2
CUMULATIVE TABLES:	
Construction Status of Facilities Approved, showing Funds by Fiscal Year	
1 - Consolidated Summary	1
1 C - Hospital Projects	2
1 G - Medical Facility Projects	3
Fiscal Status of Facilities Approved, by State	
2 - Consolidated Summary	4-5
2 C - Hospital Projects	6-7
2 G - Medical Facility Projects	8-9
Volume of Facilities Provided, by State	
3 C - Hospital Projects	10-11
3 G - Medical Facility Projects (by Type)	12-15

EXPLANATORY NOTES

The following defines the codes used in the register of projects.

STATUS

The status of a project is indicated as follows:

1) Approved but not yet under construction,
2) under construction,
3) in use.

LOCATION

Locations are listed alphabetically within a State.

NAME

The name used is that indicated by the project sponsor in the official application.

CATEGORIES AND AUTHORITY FOR PROGRAMS

The various categories, grouped by program authority under Title VI of the Public Health Service Act, are indicated as follows:

Programs under Part C

1) General Hospital
2) Tuberculosis Hospital
3) Mental Hospital
4) Chronic Hospital
5) Public Health Center
7) General Hosp. and Pub. Health Center
8) State Health Department Laboratory

Programs under Part G

G 4) Chronic Hospital
6) Rehabilitation Facility
9) Diagnostic or Treatment Center
0) Nursing Home

TYPE OF CONSTRUCTION

The type of construction is indicated as follows:

1) New
2) Addition
3) Remodeling
4) Replacement
5) Addition and remodeling
6) Addition and replacement
7) Addition, remodeling, and replacement
8) Remodeling and replacement

ADJUNCT FACILITY

The adjunct facility being constructed is indicated as follows:

1) Laboratory
2) Nurses homes
3) Out patient department
4) Service facilities
5) Nurses homes and service facilities
6) Teaching or training facilities

BEDS ADDED

Indicates beds provided for patients by the project. Where no beds are listed the project is for equipment only (EQ); a health center (HC); rehabilitation facility (RF); diagnostic or treatment center (DTC); nurses home (NH); nurses school (NS); or adjunct service facilities (ASF). An asterisk (*) under beds added column indicates a project which includes other facilities as well as beds

ESTIMATED TOTAL COST

Includes the estimated cost of constructing and equipping the total facility. A project may be a total facility or part of a total facility.

APPROVED FEDERAL SHARE

Includes the amount of Federal participation.

PROJECT REGISTER : COMPLETE LISTING

All Projects Approved
Under Title VI of the Public Health Service Act

STATUS	LOCATION		CATEGORY	TYPE CONST	ADD FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
	ALABAMA							
1	ABBEVILLE	HENRY COUNTY HOSP	1	1		25	388 000	250 000
1	ALABASTER	SHELBY CO HOSP	1	1		35	553 500	360 000
3	ALICEVILLE	SOUTH PICKENS CO HOSP	1	1		30	344 838	227 005
2	ANNISTON	S P STRINGFELLOW MEM	64	1		30	372 973	241 908
3	ARAB	ARAB HOSP AND NC	7	1		20	242 429	148 349
3	ASHLAND	CLAY COUNTY	1	1		20	270 108	175 034
3	ASHVILLE	ST CLAIR CO HC	5	1			58 953	39 308
3	ATHENS	ATHENS LIMESTONE CO	7	1		50	678 134	439 841
3	BIRMINGHAM	U ALA MEM DENTAL CLINIC	1	2			2 583 781	420 811
3	BIRMINGHAM	CARRAWAY METHODIST NH	1	2	2		554 443	184 815
3	BIRMINGHAM	365 CRIPPLED CHILD CL	1	1		100	1 876 969	566 018
3	BIRMINGHAM	ST VINCENTS	1	2		90	1 559 473	483 806
3	BIRMINGHAM	JEFFERSON COUNTY PHC	5	1	1		951 874	317 891
3	BIRMINGHAM	EASTERN AUX HC	5	1			81 097	50 844
2	BIRMINGHAM	JEFFERSON TB SAN	2	2		46	415 317	276 078
2	BIRMINGHAM	DIAG SCREEN CTR DTC	9	1			283 754	97 149
1	BIRMINGHAM	EPISCOPAL FOUND HOME	0	1		40	398 000	240 000
3	BRENTON	D W MCMILLAN MEM	1	1		35	630 245	375 633
2	CAMDEN	CAMDEN HOSP	1	1		20	249 981	166 654
1	CARROLLTON	PICKENS CO HC	5	1			66 000	44 000
1	CENTERVILLE	BIBB CO HOSP	1	1		25	386 300	250 000
3	CENTRE	CHEROKEE CO HOSP	1	1		27	447 066	270 000
3	CHATOM	WASHINGTON CO	1	1		80	371 508	246 612
2	CLANTON	CHILTON CO NURSING HOME	0	2		30	349 972	204 012
3	CLANTON	CHILTON CO HOSP	1	1		40	648 850	400 000
1	CLANTON	CHILTON CO HC	5	1			88 000	50 000
3	CLAYTON	BARBOUR CO HC	5	1			88 630	59 006
3	COLUMBIANA	SHELBY CO HC	5	1			59 279	39 519
3	CULLMAN	CULLMAN	1	5	4	64	1 073 010	638 598
3	CULLMAN	CULLMAN HC	5	1			99 163	66 016
3	DECATUR	DIST 1 TB SAN	2	1		161	1 144 693	754 984
2	DECATUR	DECATUR GENERAL	1	5	4	64	1 069 876	673 876
3	DEMOPOLIS	BRYAN WHITFIELD MEML	1	1		29	584 783	249 773
1	DEMOPOLIS	BRYAN WHITFIELD MEML	1	2	4	20	150 000	100 000
2	DOTHAN	HOUSTON CO HOSP	1	1		110	1 518 837	802 861
2	DOTHAN	HOUSTON CO HC	5	1			155 070	103 380
3	ENSLEY	HOLY FAMILY	1	1		62	924 404	597 874
3	ENTERPRISE	ENTERPRISE AUX HC	5	1			99 936	66 624
3	EUFAULA	BARBOUR COUNTY	1	1		50	791 851	500 000
3	EVERGREEN	CONECUH CO HOSP	1	1		35	441 738	291 838
3	FAYETTE	FAYETTE CO HC	5	1			94 784	63 189
2	FAYETTE	FAYETTE CO HOSP	1	1		35	544 669	352 946
3	FLORENCE	LAUDERDALE CO HC	5	1			134 286	75 465
1	FLORENCE	ELIZA COFFEE MEM	1	2		75	1 300 000	800 000
2	FOLEY	SOUTH BALDWIN CO HOSP	1	1		35	513 442	336 288
3	FT PAYNE	DE KALB COUNTY GEN	1	1		55	606 235	400 554
3	GADSDEN	DISTRICT 4 TB SAN	2	1		141	1 227 453	797 469
3	GADSDEN	ETOWAH COUNTY HC	5	1			359 681	119 880
3	GENEVA	GENEVA COUNTY	1	1		30	475 534	300 000
1	GENEVA	GENEVA CO HC	5	1			75 000	50 000
2	GUNTERSVILLE	MARSHALL CO PHC	5	1			104 366	69 577
3	HAMILTON	LISTER HILL HOSP	1	1		37	453 818	286 363
1	HAMILTON	MARION CO NURSING HOME	0	1		20	180 000	120 000
3	HUNTSVILLE	MADISON CO PHC	5	1			170 267	110 999
2	HUNTSVILLE	HUNTSVILLE	1	5		121	1 197 227	737 529
2	HUNTSVILLE	REHAB CTR FOR CRIPPLED	6	1			77 601	16 338
3	JASPER	WALKER CO HC	5	1			106 716	71 144
2	JASPER	GLADNEY MEM CLINIC DTC	9	2			55 661	37 107
3	LANGDALE	GEO H LANIER MEM	1	1		87	2 160 398	719 097
3	LINDEN	MARENGO CO HC	5	1			90 195	59 658
3	LIVINGSTON	SUMTER COUNTY HC	5	1			109 601	68 554
3	MARION	PERRY COUNTY	1	1		20	225 386	73 438
2	MARION	PERRY COUNTY	1	2	4	21	164 127	109 418
3	MOBILE	MARTIN DE PORRES	1	1		35	611 425	195 475
3	MOBILE	MOBILE INFIRMARY	1	1		300	4 368 580	2 781 509
3	MOBILE	PROVIDENCE	1	1		200	3 551 404	2 000 000
3	MOBILE	PSY REC AND DIAG UNIT	3	2		20	138 001	45 000
2	MOBILE	MOBILE CO HC	5	1			664 794	443 197
2	MOBILE	MOBILE REHAB CENTER	6	1	4		794 382	504 598
2	MONTGOMERY	ST JUDE	64	5		50	603 728	402 485
3	MONTGOMERY	ST JUDE	1	1		152	1 345 067	438 663

STATE	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	MONTGOMERY	ST MARGARETS	1	5		95	1 552 908	1 000 000
3	MONTGOMERY	MONTGOMERY COUNTY MC	5	1			500 142	331 557
3	MONTGOMERY	PUBLIC HEALTH LABS	8	1			649 572	438 714
1	MONTGOMERY	ST MARGARETS	1	5	4	104	1 500 000	1 000 000
3	MOULTON	LAWRENCE CO	1	1		40	591 038	388 692
8	MOULTON	LAWRENCE CO MC						
1	ONEONTA	BLOUNT MEMORIAL	5	1			78 786	48 484
3	ONEONTA	BLOUNT COUNTY	64	8		80	174 000	116 000
3	OPELIKA	LEE CO HOSP AND MC	7	1		30	522 764	345 176
8	OPP	MIZELL MEMORIAL	64	8		80	1 040 811	653 340
3	OPP	MIZELL MEMORIAL				80	805 430	181 659
3	OZARK	DALE COUNTY	1	1		89	470 998	153 666
8	PHENIX CITY	HOMER D COBB MEM	1	8		80	578 678	381 059
3	PIEDMONT	PIEDMONT HOSP	1	8	4	80	901 709	550 000
1	PRATTVILLE	AUTAUGA CO MC	5	1		80	886 484	169 081
3	REFORM	NORTH PICKENS CO HOSP	1	1		30	69 000	46 000
3	ROANOKE	RANDOLPH CO	1	1			337 837	228 377
3	RUSSELLVILLE	FRANKLIN CO MC	5	1		35	588 989	348 888
3	SCOTTSBORO	JACKSON COUNTY	1	1			114 378	76 248
8	SCOTTSBORO	JACKSON CO MC	5	1		35	833 719	386 504
3	SELMA	DALLAS COUNTY MC					116 338	67 587
8	SELMA	GOOD SAMARITAN	5	1				
1	SELMA	NEW VAUGHAN MEM	0	5		24	190 830	37 634
3	SYLACAUGA	HOSP NH AND TRAIN SCH	1	1		60	148 388	94 883
8	SYLACAUGA	SYLACAUGA AUX MC	1	2	2		918 000	600 000
8	TARRANT CITY	TARRANT CITY MC	5	1			336 407	219 770
3	TUSCALOOSA	DRUID CITY	5	1			108 390	78 860
3	TUSCALOOSA	BRYCE	1	1	2	240	3 73 050	47 483
8	TUSCALOOSA	DRUID CITY	3	8		185	3 281 906	1 958 817
8	TUSCALOOSA	DISTRICT 2 TB SAN	1	8		30	346 408	230 137
8	TUSCALOOSA	TUSCALOOSA COUNTY MC	8	1		150	704 918	314 500
3	TUSKEGEE	MACON COUNTY EG	5	1			1 379 179	916 696
3	UNION SPRINGS	BULLOCK CO	1	1			275 874	183 516
3	VERNON	LAMAR COUNTY	1	1		80	160 670	23 780
8	WETUMPKA	ELMORE CO HOSP	1	1		30	320 804	206 143
			1	1		35	488 063	298 808
							498 410	385 940
	ARIZONA							
3	CASA GRANDE	CASA GRANDE VALLEY EG						
3	FLORENCE	PINAL GEN NURSING	1	1			857 786	22 863
3	FLORENCE	PINAL GENERAL	0	8		53	301 029	144 365
3	FLORENCE	PINAL GENERAL	1	5		14	89 319	19 773
3	GLOBE	GILA COUNTY	1	5		18	199 970	99 985
						33	599 938	299 969
1	GLOBE	GILA GENERAL						
8	MESA	SOUTHSIDE DISTRICT	0	8		39	208 500	100 000
1	NOGALES	ST JOSEPHS HOSP	1	8		84	553 415	200 000
3	PHOENIX	JOHN C LINCOLN	1	8		50	1 088 000	485 000
8	PHOENIX	ST LUKES HOSP	64	8		10	189 849	79 680
8	PHOENIX	GOOD SAMARITAN	64	8			65 640	32 880
1	PHOENIX	CRIPPLED CHILDRENS ASF	64	8		86		
3	PHOENIX	ST JOSEPHS MED TRNG SCH	64	8	3		850 640	185 380
3	PHOENIX	MEMORIAL HOSP ASF	1	8	2		152 800	76 100
3	PHOENIX	MARICOPA COUNTY	4	8	5	1	436 728	300 000
			1	8			86 374	12 000
3	PHOENIX	ST JOSEPHS				61	669 077	157 339
3	PHOENIX	GOOD SAMARITAN	1	1		325	5 888 089	1 500 000
3	PHOENIX	MARICOPA COUNTY	1	5		100	1 307 560	494 610
3	PHOENIX	ST LUKES	1	8		100	248 000	100 000
3	PHOENIX	GOMPERS MEM CLINIC NF	8	8	1	64	510 882	188 580
			6	1			286 867	113 433
8	PHOENIX	JEWISH COMM KIVEL						
8	PHOENIX	GOOD SAMARITAN NH	0	1		30	388 194	158 883
8	PHOENIX	GOOD SAMARITAN	1	8	2		108 738	51 369
3	PRESCOTT	ST LUKES HOSP DTC	1	5		50	1 148 843	485 000
		YAVAPAI COUNTY HOSP	9	8			117 381	58 691
3	ST JOHNS	ST JOHNS COMM MC EG	1	8		87	396 600	148 500
3	TUCSON	ST MARYS HOSP AND SAN	1	1				
3	WICKENBURG	COMMUNITY HOSP	1	5		120	95 379	11 510
3	WILLIAMS	WILLIAMS COMMUNITY EG	1	1		30	1 600 278	533 484
1	WILLIAMS	WILLIAMS HOSP	1	1			499 891	249 945
			1	8		18	116 546	10 516
3	WINSLOW	WINSLOW MEM					91 958	42 400
8	YUMA	HOSPITAL DISTRICT 1	1	1		82		
			1	1		75	237 766	114 811
							1 166 184	500 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
		ARKANSAS						
3	ARKADELPHIA	CLARKE COUNTY	1	1		30	291 300	93 718
2	ARKADELPHIA	CLARK CO HC	5	1			64 866	43 844
2	ASHDOWN	LITTLE RIVER MEM	1	1		30	511 527	337 581
3	BENTON	STATE NERV AND MENT ASF	3	1	4		277 933	92 644
3	BENTON	STATE NERV MENTAL ASF	3	5	4		135 107	45 036
3	BENTON	STATE NERV AND MENTAL	3	1	4	400	1 576 526	525 508
3	BLYTH OSCEOLA	CHICKASAWBA OSCEOLA	1	1		66	843 907	364 187
2	BLYTHEVILLE	CHICKASAWBA HOSP	1	2		18	99 677	66 451
3	BRINKLEY	MERCY GAZZOLA MEM	1	1		50	595 854	396 708
3	CAMDEN	QUACHITA COUNTY	1	1		100	1 591 216	997 021
3	CLINTON	VAN BUREN COUNTY	1	1		12	157 538	93 601
2	CONWAY	CONWAY CITY HOSP	1	1		60	715 164	478 036
3	CROSSETT	CROSSETT HEALTH FOUND	1	1	3	52	748 581	446 542
3	DUMAS	DESHA COUNTY	1	1		42	278 605	92 868
3	EL DORADO	WARNER BROWN TRAIN SCH	1	5	8	140	2 595 612	1 784 046
1	EL DORADO	UNION CO NURSING HOME	0	1		30	251 835	167 890
3	FAYETTEVILLE	WASHINGTON CO MEM	1	1	4	49	451 368	150 456
2	FORDYCE	DALLAS CO HOSP	1	1		25	374 529	247 833
2	FORDYCE	DALLAS COUNTY PHC	5	1			51 828	34 858
2	FORREST CITY	FORREST MEMORIAL	1	1		66	881 500	580 000
3	FORT SMITH	SPARKS MEMORIAL	1	6		150	2 010 616	1 198 336
3	FORT SMITH	ST EDWARDS MERCY	1	8		•	2 235 187	1 483 376
2	FORT SMITH	SPARKS MEMORIAL	0	8		51	984 520	568 003
3	HARRISON	BOONE COUNTY	1	1		50	467 300	153 389
2	HARRISON	HILLCREST NURSING HOME	0	2		28	129 591	85 908
2	HELENA	HELENA HOSP						
3	HOPE	HEMPSTEAD CO HOSP	1	5	4	32	770 000	510 000
2	LITTLE ROCK	MISSOURI PACIFIC HOSP	1	1		48	615 951	332 000
2	LITTLE ROCK	UNIV ARK MED CTR OTC EQ	G4	8		76	1 123 896	166 667
3	LITTLE ROCK	STATE NERV AND MENT ASF	9	1			225 760	118 880
3	LITTLE ROCK	STATE NERV AND MENT ASF	3	1	4		148 786	49 595
3	LITTLE ROCK	ST VINCENT INFIRMARY	1	1	4		218 717	70 906
3	LITTLE ROCK	UNIV OF ARK MED CENTER	1	1		340	6 514 414	3 776 666
3	LITTLE ROCK	STATE MENTAL TB UNIT	3	2		400	8 879 190	8 400 000
2	LITTLE ROCK	EASTER SEAL REHAB CTR	6	1		100	776 766	258 933
1	MALVERN	HOT SPRINGS COUNTY MEM	1	1		40	267 103	176 988
2	MARIANNA	LEE CO HOSP	1	1		37	295 376	98 459
3	MENA	POLK COUNTY MEMORIAL	1	1		30	338 500	219 000
3	MONTICELLO	DREW COUNTY	1	1		60	324 157	106 864
3	MORRILTON	ST ANTHONYS	1	2		89	438 229	140 043
							223 104	74 368
2	OSCEOLA	OSCEOLA MEMORIAL ASF	1	2	4		13 048	8 032
3	PARAGOULD	COMMUNITY	1	1		66	243 908	80 967
1	PINE BLUFF	JEFFERSON HOSP	1	1		250	4 500 000	8 958 000
3	POCAHONTAS	RANDOLPH COUNTY	1	1	4	32	274 441	88 353
3	RISON	CLEVELAND COUNTY	7	1		18	275 288	161 341
3	ROGERS	ROGERS MEMORIAL	1	1		25	263 564	88 388
2	ROGERS	ROGERS MEMORIAL	1	2		14	85 663	57 108
3	SPRINGDALE	SPRINGDALE MEMORIAL	1	1		50	599 876	399 876
3	SPRINGDALE	SPRINGDALE MEMORIAL	1	2	4	37	247 720	165 146
3	STUTTGART	STUTTGART CITY HOSP	1	1		33	545 190	363 460
3	VAN BUREN	CRAWFORD COUNTY	1	1		52	577 925	385 815
3	WARREN	BRADLEY COUNTY	1	1		44	507 753	294 458
3	WEST MEMPHIS	CRITTENDEN COUNTY	1	1		76	1 252 238	415 848
3	WYNNE	CROSS COUNTY	1	1		50	499 980	347 853
2	YELLVILLE	MARION COUNTY HOSP	1	1		28	269 500	179 000
		CALIFORNIA						
3	ALTURAS	MODOC GENERAL	1	1		39	841 000	378 000
3	APPLE VALLEY	ST MARYS DESERT VALLEY	1	1		89	636 458	176 343
3	ARCADIA	METHODIST HOSPITAL	1	1		138	2 755 617	626 655
2	ARLINGTON	RIVERSIDE CO GENERAL	G4	2		80	659 289	219 763
1	AVALON	AVALON MUNICIPAL	1	1		12	257 190	80 730
3	BAKERSFIELD	MERCY HOSP NURSING UNIT	0	2		50	649 513	148 880
3	BAKERSFIELD	GREATER BAKERSFIELD MEM	1	1		112	2 466 487	805 038
3	BAKERSFIELD	KERN GENERAL	1	2	3	161	3 078 983	1 003 426
3	BAKERSFIELD	MERCY	1	6	4	•	1 521 768	438 147
3	BAKERSFIELD	KERN COUNTY HC	5	5			510 840	153 738
3	BANNING	SAN GORGONIO PASS MEM	1	1		37	591 501	183 300
2	BARSTOW	BARSTOW AREA COMM	1	1		26	499 381	157 496
1	BERKELEY	HERRICK MEMORIAL	G4	5		50	457 341	158 447

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	BERKELEY	HERRICK MEMORIAL	1	2		58	690 498	150 191
3	BERKELEY	BERKELEY CITY HC	5	1			201 678	54 400
3	BISHOP	NORTHERN INYO	1	1		30	473 230	155 327
3	BRAWLEY	PIONEERS MEMORIAL	1	1		69	1 566 019	491 598
3	BURBANK	ST JOSEPHS HOSP	1	2		140	1 956 149	550 928
3	CALEXICO	MUNICIPAL	1	1		24	389 257	122 598
3	CHESTER	SENECA	1	1		*	356 788	116 471
8	CHULA VISTA	SOUTH BAY AUX HC	5	1			96 530	30 500
8	COLUSA	COLUSA CO NURSING HOME	0	2		86	310 360	65 786
3	CORCORAN	CORCORAN MUNICIPAL EQ	1	1			48 004	16 001
3	CORNING	CORNING MEMORIAL	7	1		31	421 411	140 470
3	CORONADO	CORONADO HOSP CONV HOME	0	2		32	857 809	33 897
3	COVINA	INTER COMMUNITY	1	5	4	58	863 370	286 182
3	CRESCENT CITY	SEA SIDE HOSP	1	3	4	88	271 088	85 840
3	DINUBA	ALTA	7	1		50	818 170	266 690
8	DUARTE	CITY OF HOPE	64	5		56	943 451	182 406
8	DUARTE	CITY OF HOPE DTC	9	5			411 804	97 746
8	DUARTE	EL CAJON HC	5	1			104 118	33 000
8	EL CAJON	PALOMAR MEMORIAL	1	1		37	466 388	155 448
3	ESCONDIDO	ESCONDIDO AUX HC	5	1			98 308	31 000
3	EUREKA	ST JOSEPH HOSP	1	1		92	1 769 878	549 836
8	EUREKA	HUMBOLDT CO HOSP	1	6	4	50	705 517	191 985
3	FRESNO	ST AGNES HOSP	1	5	4	*	1 971 893	273 694
3	FRESNO	FRESNO CO TB HOSP	8	1		387	2 305 518	500 000
3	FRESNO	COUNTY HEALTH CENTER	5	1			677 449	216 497
8	FRESNO	SIERRA HOSP	1	1		50	1 807 678	854 310
8	FRESNO	FRESNO COMM HOSP	1	2		197	4 014 333	1 018 878
8	FRESNO	FRESNO CO GENERAL	1	1		307	5 120 380	945 308
8	FRESNO	FRESNO CO GENERAL DTC	9	1			671 137	212 770
8	FRESNO	FRESNO COMM HOSP DTC	9	2			371 534	106 178
3	FULLERTON	ST JUDE HOSPITAL	1	1		127	2 403 797	646 040
1	GLENDALE	GLENDALE DISTRICT HC	5	1		14	583 638	174 546
3	GREENVILLE	FEATHER RIVER HOSP	1	1			310 386	103 809
3	GRIDLEY	BIGG GRIDLEY MEM EQ	1	1			370 385	16 848
3	HANFORD	KINGS CO PHC	5	1			154 851	48 782
3	HAWTHORNE	HAWTHORNE COMM	1	2	1	43	546 010	180 542
3	HAYWARD	EDEN TOWNSHIP DISTRICT	1	1		254	5 328 389	1 022 494
3	HEMET	HEMET VALLEY	1	5		17	265 543	88 514
3	HOLLISTER	SAN BENITO CO HC	5	1			44 888	14 592
3	HONDO	RANCHO LOS AMIGOS	4	2	3	198	1 697 795	240 000
3	INDEPENDENCE	INYO CO HC	5	1			73 586	23 580
3	INGLEWOOD	DANIEL FREEMAN MEMORIAL	1	1		100	2 207 808	645 480
3	INGLEWOOD	CENTINELA VALLEY COMM	1	6		39	200 546	63 938
3	INGLEWOOD	CENTINELA VALLEY ASF	1	6	4		381 335	124 824
3	JACKSON	AMADOR COUNTY	7	1		35	495 336	154 496
1	JACKSON	AMADOR COUNTY	0	2		40	461 640	76 940
3	LA MESA	GROSSMONT	1	1	4	105	1 717 459	543 730
1	LAGUNA BEACH	SOUTH COAST COMM	0	1		80	188 076	28 569
1	LAGUNA BEACH	SOUTH COAST COMM	1	1		54	1 011 596	310 538
3	LANCASTER	ANTELOPE VALLEY	1	1		85	1 518 075	326 859
3	LODI	LODI MEMORIAL	1	1		53	1 095 178	329 817
3	LONE PINE	SOUTHERN INYO	1	1		18	399 746	119 868
8	LONG BEACH	LONG BEACH COMM	1	2		56	349 910	107 015
3	LOS ANGELES	MOUNT SINAI	1	1		*	3 299 827	68 000
3	LOS ANGELES	WESTCHESTER HC	5	1			138 364	45 121
8	LOS ANGELES	SOUTHWEST DISTRICT HC	5	1			331 768	110 054
8	LOS ANGELES	REHABILITATION CENTER	6	1			280 428	72 000
1	LOS ANGELES	CEDARS OF LEBANON RF	6	2			532 246	152 561
3	LOYALTON	SIERRA VALLEY	1	1		10	180 415	59 722
3	MADERA	MADERA COUNTY HC	5	1			53 381	17 794
1	MANHATTAN BCH	SOUTH BAY DISTRICT HOSP	1	1		145	3 135 834	858 958
3	MARIPOSA	JOHN C FREMONT	1	1		20	418 717	126 433
8	MARTINEZ	CONTRA COSTA CO HC	5	1			542 130	120 000
3	MERCED	COUNTY	1	2		76	1 131 788	371 060
1	MERCED	MERCY HOSP	1	2		64	1 048 187	380 963
3	MODESTO	STANISLAUS CO CENT UNIT	1	2		*	1 465 575	323 778
3	MODESTO	MEM HOSP NURSING HOME	0	2	4	50	495 456	118 550
3	MODESTO	MEM STANISLAUS COUNTY	1	1		96	1 211 575	400 000
8	MONTEBELLO	BEVERLY COMMUNITY	1	5	4	38	847 469	214 667
3	NEEDLES	MUNICIPAL	1	5		12	277 910	89 672
1	NEWPORT BEACH	HOAG MEMORIAL	1	5		137	2 295 655	603 105

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	OCEANSIDE	OCEANSIDE AUX HC	5	1			103 207	38 700
3	OROVILLE	BUTTE CO PRIMARY HC	5	1			57 056	19 019
3	OXNARD	ST JOHNS	1	4		75	1 597 518	531 984
2	PALO ALTO	STANFORD UNIVERSITY RF	6	1			1 703 752	317 387
3	PASO ROBLES	PASO ROBLES WAR MEM	1	1		32	598 051	199 380
3	PATTERSON	PATTERSON HOSP DIST	1	1		25	445 254	145 160
3	PETALUMA	PETALUMA DIST HOSP	1	1		52	996 782	287 696
1	PLACERVILLE	MARSHALL HOSP	1	1		53	1 085 076	336 692
2	PORTERVILLE	SIERRA VIEW DISTRICT	1	1		42	713 812	224 714
1	QUINCY	PLUMAS CO NURSING HOME	0	1		30	428 228	99 087
1	QUINCY	PLUMAS DISTRICT HOSP	1	1		25	477 186	157 068
3	REDDING	MERCY	1	1		78	1 713 416	490 381
3	REDDING	CASCADE SAN	2	1		73	1 024 905	298 864
2	REDDING	SHASTA CO HC	5	1			166 080	58 836
1	REEDLEY	KINGS VIEW HOMES	3	2		10	240 027	80 009
3	RICHMOND	BROOKSIDE HOSP	1	1		165	4 100 811	913 888
3	ROSEVILLE	ROSEVILLE MUNICIPAL EQ	1	1			277 950	17 000
3	SACRAMENTO	SACRAMENTO CO HC	5	1			502 542	137 366
2	SALINAS	MONTEREY CO HOSP	G4	5		95	864 114	334 888
2	SALINAS	MONTEREY CO HOSP	1	5		15	166 454	37 967
3	SAN ANDREAS	MARK TWAIN	1	1		30	627 507	209 169
1	SAN BERNARDINO	SAN BERNARDINO CO DTC	9	2			1 455 510	860 494
3	SAN DIEGO	DONALD N SHARP MEM	1	1		247	4 645 440	270 247
2	SAN DIEGO	PRIMARY HC	5	1			3 144 857	372 800
1	SAN FERNANDO	HOLY CROSS	1	1		200	3 872 976	1 325 993
3	SAN FRANCISCO	MAIMONIDES HC EQ	4	1			146 000	48 667
3	SAN FRANCISCO	THE GARDEN HOSPITAL	4	2		25	225 534	30 442
2	SAN FRANCISCO	ST FRANCIS MEMORIAL	1	2		*	1 297 620	91 653
3	SAN JOSE	OCONNOR	1	1		257	5 559 965	1 600 000
3	SAN JOSE	SAN JOSE	1	5		60	1 407 436	425 941
3	SAN JOSE	SANTA CLARA COUNTY HC	5	1			494 878	142 514
2	SAN JOSE	SANTA CLARA CO HOSP	1	2		226	5 462 960	579 331
2	SAN JOSE	SAN JOSE CITY HC	5	1			427 607	93 416
3	SAN LEANDRO	ALAMEDO CO HC	5	1			472 965	183 880
3	SAN LUIS OBISP	SAN LUIS OBISPO PHC	5	1			118 930	33 454
3	SAN MATEO	SAN MATEO COMMUNITY	1	2		*	2 941 399	84 758
1	SAN PEDRO	SAN PEDRO COMMUNITY	1	4		140	2 610 234	870 078
3	SAN RAFAEL	MARIN GENERAL	1	1		108	1 825 708	576 920
3	SAN RAFAEL	MARIN CO PHC	5	1			166 159	53 636
2	SANTA CRUZ	SANTA CRUZ CO HOSP	1	2		19	318 170	65 405
2	SANTA CRUZ	SANTA CRUZ CO HC	5	1			283 243	81 081
2	SANTA MONICA	SANTA MONICA DTC	9	4			575 067	167 875
3	SANTA ROSA	SONOMA COUNTY	1	2		99	924 515	245 538
1	SONORA	TUOLUMNE CO HOSP	0	2		21	171 618	57 806
3	TORRANCE	JARED SIDNEY TORRANCE	1	5	4	*	759 223	191 418
1	TORRANCE	LITTLE COMPANY OF MARY	1	1		146	3 365 412	766 307
3	TRACY	TRACY COMMUNITY MEM	1	1		42	227 979	73 503
3	TRUCKEE	TAHOE FOREST DISTRICT	1	1		21	403 238	127 747
3	TULARE	TULARE DISTRICT	1	1		73	1 499 579	414 500
3	UKIAH	MENDOCINO COUNTY HOSP	1	4		83	1 172 592	373 084
2	VAN NUYS	VALLEY PRESBYTERIAN	1	1		60	1 437 193	351 517
3	VENTURA	FOSTER MEMORIAL	1	5		80	415 805	138 602
2	VISALIA	TULARE CO HC	5	1			267 989	79 339
3	WEAVERVILLE	TRINITY COUNTY	1	1		20	352 215	117 405
2	WHITTIER	PRESBYTERIAN INTERCOMM	1	1		180	3 309 731	932 985
3	WILLOWS	GLENN GENERAL	1	1		42	633 824	211 275
2	YUBA CITY	FREMONT HOSP	1	1		60	1 226 891	388 457
	COLORADO							
3	AKRON	WASHINGTON CO PUBLIC	1	1		20	257 732	85 853
2	ALAMOSA	ALAMOSA COMM HOSP DTC	9	2			67 331	28 878
3	AURORA	AURORA AUX HC	5	1			47 868	20 519
3	BOULDER	COMMUNITY	1	5	4	43	661 920	278 689
2	BOULDER	BOULDER SAN AND HOSP	1	5	4	65	975 566	409 664
2	BOULDER	COMMUNITY	1	5		37	397 771	171 934
3	COLORADO SPGS	CY CO HLTH ADM BLDG HC	5	1			168 721	70 904
2	COLORADO SPGS	GLOCKNER PENROSE DTC	9	2			346 728	130 849
2	CORTEZ	SOUTHWEST MEMORIAL	1	5	2	38	411 011	177 178
3	CRAIG	MEMORIAL	1	1		18	238 480	78 094
3	DEL NORTE	ST JOSEPHS	1	1		40	826 134	351 685

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	DELTA	MEMORIAL HOSP ASSOC	1	1		27	219 605	58 389
2	DENVER	CHILDRENS HOSP	1	2		94	2 155 298	300 000
8	DENVER	PRESBYTERIAN HOSP DTC	9	2			455 188	143 408
3	DURANGO	MERCY	7	5		44	1 024 543	394 914
3	ENGLEWOOD	ARAPAHOE CO AUX PHC	5	1			61 273	25 881
3	FORT MORGAN	COMMUNITY NURSING HOME	0	2		15	123 586	53 554
3	FORT MORGAN	COMMUNITY	1	1		40	505 055	215 174
3	GLENWOOD SPGS	VALLEY VIEW	1	1	4	30	516 979	221 815
3	GRAND JUNCTION	ST MARYS	1	1		130	2 273 483	753 981
8	GRAND JUNCTION	MESA CO HC	5	1			108 858	47 170
8	GRAND JUNCTION	MESA CO REHAB CENTER	6	1			84 934	36 808
3	GREELEY	WELD COUNTY PUBLIC	7	1		218	2 976 871	900 000
3	JULESBURG	SEDGWICK CO PUB	1	1		18	254 051	108 398
8	JULESBURG	SEDGWICK CO MEMORIAL	1	8		6	59 536	25 799
3	LAKEWOOD	CRAIG COLONY RF	6	5			188 995	68 879
2	LEADVILLE	ST VINCENTS	0	1		10	100 309	43 467
8	LEADVILLE	ST VINCENTS	1	1		•	771 738	330 434
2	LONGMONT	LONGMONT COMMUNITY	1	1		50	831 408	360 277
3	LOVELAND	MEMORIAL	1	1		40	647 598	279 854
3	MONTROSE	MEMORIAL	1	1		49	486 619	158 677
2	PUEBLO	ST MARY CORWIN HOSP	1	5	4	•	8 268 648	1 311 786
8	PUEBLO	CITY COUNTY HC	5	1			148 345	64 882
8	PUEBLO	CITY COUNTY DTC	9	1			209 207	90 656
3	ROCKY FORD	PIONEERS MEML	7	1		30	610 934	264 083
3	STEAMBOAT SPR	STEAMBOAT SPRINGS EQ	1	1			61 652	55 588
3	STERLING	IRA TAYLOR HC	5	1			162 156	69 941
	CONNECTICUT							
8	BRIDGEPORT	BRIDGEPORT ASF	1	5	3		109 014	36 338
8	BRIDGEPORT	PARK CITY HOSP	1	6		64	938 550	200 000
3	BRIDGEPORT	BRIDGEPORT HOSP	1	2	4	•	3 902 094	200 000
8	BRIDGEPORT	ST VINCENTS HOSP	1	5	5		819 447	183 333
3	DERBY	GRIFFIN	1	5	4	64	1 157 685	200 000
3	HARTFORD	HARTFORD ASF	1	2	4		561 406	187 136
3	HARTFORD	CITY OF HARTFORD PHC	5	3			35 358	11 786
3	HARTFORD	HARTFORD HOSP DTC	9	3			46 864	15 088
2	HARTFORD	MOUNT SINAI DTC	9	3			1 729 335	75 118
2	HARTFORD	HARTFORD HOSP DTC	9	2			216 233	56 667
3	MANCHESTER	MANCHESTER MEMORIAL	1	5		44	974 959	300 000
3	MERIDEN	MERIDEN	1	5		116	1 300 000	300 000
3	MIDDLETOWN	MIDDLESEX	1	5		80	1 765 068	300 000
3	MILFORD	MILFORD HOSPITAL EQ	1	5			424 316	25 154
2	NEW BRITAIN	NEW BRITAIN MEM EQ	G4	2	4		15 000	3 519
3	NEW BRITAIN	NEW BRITAIN	1	5	4	•	2 035 734	200 000
2	NEW BRITAIN	NEW BRITAIN GEN	1	2		43	553 573	181 317
3	NEW HAVEN	GRACE NEW HAVEN COM DTC	9	3	4		59 878	19 688
2	NEW HAVEN	GRACE NEW HAVEN COM DTC	9	2			35 990	11 997
2	NEW HAVEN	GRACE NEW HAVEN COM DTC	9	2			577 100	190 001
3	NEW HAVEN	GRACE NEW HAVEN COMM MS	1	2	2		1 096 385	200 000
3	NEW HAVEN	GRACE NEW HAVEN COMM EQ	1	1			7 895 707	200 000
3	NEW HAVEN	CITY OF NEW HAVEN	0	4		50	445 004	148 335
3	NEW HAVEN	HOSP OF ST RAPHAEL DTC	9	2			291 844	96 520
3	NEW LONDON	PUBLIC HEALTH CENTER	5	3			6 271	2 090
2	NEW LONDON	LAWRENCE AND MEMORIAL	1	5		•	3 860 634	200 000
3	NEW MILFORD	NEW MILFORD	1	1		40	675 000	285 000
2	NEWINGTON	NEWINGTON HOME ASF	G4	5	4		66 835	21 152
2	NORWALK	NORWALK HOSP NM TRNG SC	1	5	2		823 600	200 000
3	NORWALK	NORWALK	1	5	1	•	1 827 979	200 000
3	NORWICH	WM W BACKUS	1	5		14	156 757	52 252
2	NORWICH	WM W BACKUS	1	5		120	887 304	200 000
3	PUTNAM	DAY KIMBALL	1	5		58	900 000	300 000
3	SHARON	SHARON EQ	1	5			103 680	34 560
3	STAFFORD SPGS	JOHNSON MEMORIAL HOSP	1	5	4	29	626 762	179 019
3	STAMFORD	STAMFORD HOSPITAL	1	5	4	•	2 000 000	200 000
3	STAMFORD	REHABILITATION CENTER	6	1			470 459	148 771
2	STAMFORD	ST JOSEPHS	1	5	4	•	2 485 500	200 000
2	STAMFORD	STAMFORD H C	5	1			233 088	55 002
3	WATERBURY	ST MARYS	1	5	2	•	1 085 750	200 000
3	WATERBURY	WATERBURY HOSP ASF	1	2	1		1 989 990	200 000
3	WATERBURY	WATERBURY NRS TRNG SCH	1	2	6		707 068	197 590

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	WILLIMANTIC	WINDHAM COM MEM	1	7		40	600 000	200 000
2	WINSTED	LITCHFIELD CO HOSP	1	5		87	1 337 882	300 000
	DELAWARE							
3	DOVER	KENT GENERAL	1	8		40	657 887	228 166
3	FARMHURST	DELAWARE STATE	3	5		234	719 830	270 636
2	FARMHURST	DELAWARE STATE	3	2		175	1 585 000	475 000
3	MARSHALLTON	BRANDYWINE SANATORIUM	2	2		164	2 342 095	343 018
3	MILFORD	MILFORD MEMORIAL	1	6	5	*	960 993	361 333
3	SEAFORD	NANTICOKE MEMORIAL	1	1		30	583 492	196 033
2	SMYRNA	STATE WELFARE HOME	G4	8		195	1 648 000	547 165
2	STOCKLEY	MENTAL HYGN CLINIC DTC	9	8			205 669	102 834
	DIST COLUMBIA							
3	WASHINGTON	CHILDRENS CONV HOME	4	5	4	50	420 276	255 862
3	WASHINGTON	GALLINGER MUNICIPAL	1	8		*	2 432 909	585 914
3	WASHINGTON	CHILDRENS HOSP	1	7	3	*	3 556 393	814 929
3	WASHINGTON	WARWICK CANCER CL EQ	1	8	3		668 996	118 414
3	WASHINGTON	DC GENERAL EQ	1	3			7 800	2 600
3	WASHINGTON	GEO WASH UNIV HOSP ADF	1	5	4		224 534	30 000
3	WASHINGTON	GEORGETOWN UNIV NM	1	8	2		1 591 390	314 138
2	WASHINGTON	CASUALTY HOSP	1	8		*	3 513 504	450 467
2	WASHINGTON	DAVIS MEMORIAL REHAB	6	1			1 390 555	150 000
2	WASHINGTON	GEORGETOWN UNIV RF	6	8			236 512	50 000
2	WASHINGTON	GEORGETOWN UNIV DTC	9	8			2 272 308	325 000
	FLORIDA							
1	APALACHICOLA	FRANKLIN CO HOSP	1	1		25	350 000	227 300
1	APALACHICOLA	FRANKLIN CO HC	5	1			68 571	44 571
2	BARTOW	BARTOW MEMORIAL	1	5		39	619 083	240 000
3	BELLE GLADE	BELLE GLADE AUX HC	5	1			31 308	10 877
2	BLOUNTSTOWN	CALHOUN COUNTY HC	5	1			63 795	39 899
3	BONIFAY	HOLMES CO AUX HC	5	1			40 596	26 387
2	BONIFAY	HOLMES CO HOSP	1	1		25	403 084	232 500
3	BRADENTON	MANATEE VETERANS MEM	1	1		100	1 303 888	503 700
3	BRADENTON	MANATEE CO HC	5	1			67 918	26 955
2	BRADENTON	MANATEE VETERANS MEM	0	2		36	393 045	186 797
3	CHATTAHOOCHEE	FLORIDA STATE	3	8		100	738 855	347 541
3	CHIPLEY	WASHINGTON COUNTY	1	1		28	255 457	166 047
3	CHIPLEY	WASHINGTON COUNTY HOSP	1	5		14	112 732	72 622
3	CHIPLEY	WASHINGTON COUNTY HC	5	1			60 000	39 000
2	CLEARWATER	MORTON F PLANT	0	2		35	225 375	90 075
1	CLEARWATER	MORTON F PLANT DTC	9	8			348 485	95 931
3	CRAWFORDVILLE	WAKULLA CO AUX HC	5	1			99 062	59 437
3	CRESTVIEW	OKALOOSA MEMORIAL	1	1		25	353 621	212 172
3	CRESTVIEW	OKALOOSA CO HC	5	1			38 354	24 930
3	DE FUNIAK SPS	WALTON COUNTY	1	1		30	272 501	88 634
3	DEFUNIAK SPRGS	WALTON CO HC	5	1			65 106	42 250
3	DELAND	THE FISH MEM HOSP	1	1		50	817 436	257 843
3	DUNEDIN	MEASE DTC	9	8			714 344	280 492
3	FERNANDINA BCH	NASSAU GENERAL	1	5		29	332 847	157 929
3	FERNANDINA BCH	NASSAU COUNTY PHC	5	1			52 944	23 825
3	FT LAUDERDALE	BROWARD GENERAL	1	2		81	818 727	277 379
3	FT LAUDERDALE	BROWARD CO HC	5	1			123 077	43 077
3	FT MYERS	LEE MEMORIAL	1	5	1	41	464 091	180 000
3	FT WALTON BCH	FORT WALTON BEACH HOSP	1	1		25	295 153	161 801
3	GAINESVILLE	ALACHUA CO HC	5	1			185 455	102 000
2	GAINESVILLE	J HILLIS MILLER REHAB	6	1			7 889 462	250 638
1	GAINESVILLE	ALACHUA GENERAL	1	1		178	2 632 500	1 100 000
2	GREEN COVE SPR	CLAY CO MEMORIAL	1	1		25	427 655	215 000
3	HOLLYWOOD	MEMORIAL HOSP	1	1	1	102	977 642	192 800
1	IMMOKALEE	COLLIER CO AUX HC	5	1			35 382	12 384
3	INVERNESS	CITRUS MEMORIAL	1	1		25	398 066	180 000
2	JACKSONVILLE	BREWSTER HOSP	G4	2		44	259 504	129 752
3	JACKSONVILLE	HOPE HAVEN	4	5	3	25	234 347	116 820
3	JACKSONVILLE	ST LUKES ASF	1	5	4		191 763	63 921
3	JACKSONVILLE	ST LUKES	1	5		31	333 783	150 808
3	JACKSONVILLE	ST VINCENTS	1	5	1	126	1 651 050	187 800
3	JACKSONVILLE	ST LUKES	1	5		36	293 413	130 856

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ PAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	JACKSONVILLE	DUVAL COUNTY	3	1		40	443 815	129 421
3	JACKSONVILLE	DISTRICT LAB AND PHC	8	1			615 369	289 924
3	JASPER	HAMILTON MEMORIAL	1	1		35	324 275	209 577
3	LAKELAND	POLK COUNTY AUX HC	5	1			85 408	33 442
3	LAKELAND	MORRELL MEMBRIAL	1	6	4	200	3 998 727	1 100 000
3	LANTANA	SE FLORIDA SANATORIUM	2	1		500	3 710 051	1 189 761
3	LEESBURG	LAKE CO AUX HC	5	1			33 000	13 200
1	LIVE OAK	SUWANNEE CO HOSP	1	1		36	308 848	93 686
3	LIVE OAK	SUWANNEE CO HOSP	1	5		8	184 911	110 000
3	MACCLENNY	ED FRASER MEMORIAL	1	1		25	400 000	260 000
3	MADISON	MADISON COUNTY	1	1		31	388 538	218 986
3	MARATHON	MARATHON AUX HC	5	1			80 000	12 000
1	MARIANNA	JACKSON HOSPITAL	1	5	3	13	158 653	103 124
3	MARIANNA	JACKSON CO HC	5	1			87 038	58 575
2	MARIANNA	UNITED CEREB PALSY ASSN	6	1			308 747	125 050
2	MIAMI	DADE CO DIST LAB AND HC	5	1			678 759	243 228
3	MIAMI	VARIETY CHILDRENS	4	1		80	845 532	281 178
3	MIAMI	JACKSON MEMORIAL	1	2	4	195	4 538 317	1 263 300
3	MIAMI	REHAB CTR CHILD ADULTS	6	1			301 952	135 050
3	MIAMI	SANTA ROSA CO	7	1		23	424 035	270 041
3	MILTON	MUNROE MEM HOSP	1	5	1	33	842 297	379 000
3	OCALA	MUNROE MEMORIAL	1	5		71	695 777	275 000
1	OCALA	ORANGE MEMORIAL	1	5	4	43	786 724	276 007
3	ORLANDO	ORLANDO REGIONAL LAB	8	1			165 666	80 000
2	ORLANDO	PAHOKEE AUX PHC	5	1			25 423	8 857
2	PALATKA	PUTMAN MEMORIAL	1	1		67	1 073 005	450 000
3	PANAMA CITY	BAY COUNTY	1	1		58	616 152	195 433
2	PANAMA CITY	MEMORIAL HOSP DTE	9	2			25 248	12 611
3	PENSACOLA	CRIPPLED CHILD CONV ASF	4	5	4	4	37 048	14 917
3	PENSACOLA	BAPTIST MEMORIAL	1	1		138	1 555 390	855 464
2	PENSACOLA	ESCAMBIA CO HC	5	1			472 730	222 620
1	PENSACOLA	BAPTIST MEMORIAL	1	2		185	1 630 250	700 000
1	PENSACOLA	ESCAMBIA GENERAL	1	1		104	2 490 430	181 000
3	PENSACOLA	DOCTORS MEMORIAL	1	1		30	436 089	218 014
2	PERRY	SO FLORIDA BAPTIST	1	1		100	1 239 870	534 284
2	PORT ST JOE	GULF CO HC	5	1			60 858	30 000
3	QUINCY	GADSDEN COUNTY	1	1		69	987 211	388 650
3	SANFORD	SEMINOLE MEMORIAL	1	1		75	1 100 258	445 000
3	SARASOTA	SARASOTA	1	5	1	66	1 584 032	425 000
1	SARASOTA	SARASOTA CO HC	5	1			61 538	21 538
3	SOUTH MIAMI	DADE CO AUX HC	5	1			47 619	16 667
3	ST PETERSBURG	AMER LEG CRIPPLED CHILD	4	1		61	777 275	258 497
3	ST PETERSBURG	AMERICAN LEGION HOSP	4	5	3	20	70 011	31 695
3	STARKE	BRADFORD CO HOSP	1	1		25	442 507	278 910
3	TALLAHASSEE	TALLAHASSEE MEMORIAL	1	1	2	150	2 007 038	483 440
3	TALLAHASSEE	FLORIDA A AND M COLLEGE	1	1	3	100	1 923 119	641 040
3	TALLAHASSEE	W T EDWARDS SANATORIUM	2	1		150	2 822 310	780 133
3	TAMPA	TAMPA MUNICIPAL	G4	2		46	332 403	162 500
2	TAMPA	ST JOSEPHS	1	2		73	711 449	237 604
2	TAMPA	TAMPA MUNICIPAL	1	5	3	*	4 618 789	386 400
2	TAMPA	CURTIS NIXON MF	6	2			201 056	20 000
1	TAVERNIER	TAVERNIER AUX HC	5	1			20 000	18 000
3	VERO BEACH	INDIAN RIVER MEM	1	1		30	500 323	164 593
2	W PALM BEACH	PINE RIDGE HOSP	G4	2	4	*	864 030	90 000
2	WEWAHITCHKA	GULF CO AUX HC	5	1			54 368	25 000
3	WINTER GARDEN	WEST ORANGE MEML	1	1	1	35	211 979	185 599
3	WINTERHAVEN	POLK COUNTY HC	5	1			102 118	40 750
	GEORGIA							
3	ADAMSVILLE	FULTON COUNTY AUX PHC	5	1			43 001	14 334
3	ADEL	THE MEMORIAL	1	1		83	193 800	116 280
3	ADEL	COOK CO AUX HC	5	1			70 882	23 607
2	ALBANY	PHOEBE PUTNEY MEM	1	5		108	1 632 254	535 173
2	ALBANY	PHOEBE PUTNEY MEM OTC	9	2			478 735	235 571
3	ALMA	BACON COUNTY	1	1		30	327 138	179 986
3	ALMA	BACON CO AUX HC	5	1			84 274	28 092
3	ALPHARETTA	FULTON COUNTY AUX PHC	5	1			37 654	12 551
3	AMERICUS	AMERICUS SUMTER COLORED	1	5	4	35	278 608	153 231
3	AMERICUS	AMERICUS SUMTER CO	1	1		100	1 353 716	742 584
3	ARLINGTON	ARLINGTON CITY	1	1		16	158 900	95 340

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	ASHBURN	TURNER COUNTY	1	1		25	405 086	171 833
3	ATHENS	ATHENS GENERAL	1	5	4	*	552 900	184 300
3	ATHENS	ATHENS CLARKE HC	5	1			164 706	90 589
2	ATLANTA	ATHENS GENERAL	1	5		84	931 176	303 847
		GRADY MEM HOSP DTC EQ	9	1			600 000	300 000
3	ATLANTA	ELKS AIDMORE HOSP EQ	4	1			57 727	19 848
3	ATLANTA	HUGHES SPALD PAVILION	1	2		116	1 725 984	1 035 590
3	ATLANTA	ATLANTA HC	5	1			476 881	158 960
3	ATLANTA	NEIGHBORHOOD UN AUX HC	5	1			135 641	35 000
3	AUGUSTA	UNIV OF AUGUSTA ASF	1	5	4		1 066 431	460 483
3	AUGUSTA	ST JOSEPHS	1	1		110	1 638 910	975 400
3	AUGUSTA	RICHMOND COUNTY HC	5	1			440 915	191 979
2	AUGUSTA	UNIVERSITY HOSP DTC	9	2			152 878	75 868
3	BAINBRIDGE	DECATUR CO HC	5	1			94 276	31 485
1	BAINBRIDGE	DECATUR MEMORIAL	1	1		75	1 350 000	450 000
3	BARNESVILLE	BARNESVILLE LAMAR CO HC	7	1		11	165 373	90 955
3	BAXLEY	BAXLEY APPLING CO	1	1		27	257 196	154 318
3	BAXLEY	APPLING CO PHC	5	1			76 317	38 439
3	BLACKSHEAR	PIERCE CO	1	1		25	343 555	154 513
2	BLACKSHEAR	PIERCE CO HC	5	1			80 146	26 715
2	BLAIRSVILLE	UNION COUNTY CLINIC	9	1			40 000	20 000
3	BREMEN	BREMEN	1	1		25	380 560	186 833
3	BRUNSWICK	GLYNN BRUNSWICK MEM	1	1		75	1 130 834	499 104
3	BRUNSWICK	GLYNN CO HC	5	1			144 934	48 311
2	BRUNSWICK	GLYNN BRUNSWICK MEM	1	2		50	553 940	184 647
3	BUCKHEAD	FULTON COUNTY AUX PHC	5	1			38 726	18 909
3	BUTLER	TAYLOR COUNTY AUX HC	5	1			23 730	13 038
1	CAIRO	GRADY COMMUNITY	1	1		32	587 540	195 847
3	CALHOUN	GORDON COUNTY	1	1		40	631 368	278 511
3	CAMILLA	MITCHELL COUNTY	1	1		32	268 159	89 380
3	CAMILLA	MITCHELL COUNTY	1	2	2	16	116 726	38 909
3	CAMILLA	MITCHELL COUNTY NH	1	2	2		42 903	14 301
3	CARROLLTON	MITCHELL COUNTY HC	5	1			84 896	46 693
3	CARROLLTON	TANNER MEMORIAL	1	1		40	528 000	176 000
		CARROLL CO HC	5	1			83 409	27 803
2	CARTERSVILLE	BARTOW CO HC	5	1			99 462	33 154
3	CEDARTOWN	POLK GENERAL	1	5		10	69 500	41 700
3	CEDARTOWN	POLK GENERAL	1	5		10	113 766	36 743
3	CEDARTOWN	POLK CO HC	5	1			81 877	36 845
3	CENTER HILL	FULTON COUNTY AUX PHC	5	1			42 120	14 040
3	CENTER HILL	CENTER HILL AUX HC EQ	5	3			3 068	889
3	CHATSWORTH	MURRAY COUNTY MEM EQ	1	1			41 000	13 667
3	CLARKESVILLE	HABERSHAM CO AUX HC	5	1			65 509	21 936
3	CLAXTON	EVANS CO AUX HC	5	1			39 763	21 866
3	CLAYTON	RABUN COUNTY	1	1		20	237 000	130 350
3	CLAYTON	RABUN COUNTY AUX HC	5	1			63 951	35 173
3	COCHRAN	BLECKLEY CO HC	5	1			63 000	21 000
3	COLLEGE PARK	COLLEGE PARK AUX HC EQ	5	3			3 068	889
3	COLLINS	FULTON COUNTY AUX PHC	5	1			3 068	889
3	COLQUITT	MILLER CO HOSP	1	1		25	39 380	13 127
							350 000	116 667
1	COLUMBUS	ST FRANCIS SCH OF NRSNG	1	2	2		572 500	190 833
3	COLUMBUS	ST FRANCIS	1	1		154	1 909 807	636 602
3	COLUMBUS	COLUMBUS CITY HOSP NH	1	4	8		207 451	93 353
3	COLUMBUS	MUSCOGEE CO HC	5	1			437 217	145 609
2	COLUMBUS	COLUMBUS CITY HOSP	1	5		143	2 254 120	686 540
1	COMMERCE	BANKS JACKSON COMMERCE	1	1		40	670 800	223 600
3	CORDELE	CRISP CO	1	1		50	770 846	345 150
3	COVINGTON	NEWTON COUNTY	1	1		34	567 192	186 846
3	CUMMING	FORSYTH CO HOSP	1	1		30	416 548	138 849
1	CUMMING	FORSYTH CO HC	5	1			60 000	20 000
3	DAHLONEGA	LUMPKIN CO HC	5	1			52 759	17 586
2	DALLAS	PAULDING CO HOSP	1	1		25	321 669	130 557
3	DALTON	HAMILTON MEMORIAL	1	1		72	1 297 456	407 683
1	DALTON	WHITFIELD CO HC	5	1			206 000	68 667
3	DARIEN	MCINTOSH COUNTY AUX HC	5	1			49 919	27 456
3	DAWSON	TERRELL COUNTY	1	1		27	255 868	153 520
3	DAWSON	TERRELL CO HC	5	1			103 448	34 483
3	DAWSONVILLE	DAWSON COUNTY AUX PHC	5	1			44 088	26 449
3	DECATUR	DEKALB COUNTY PHC	5	1			195 216	65 072
3	DEMOREST	HABERSHAM COUNTY	1	1		44	555 200	308 635
3	DOUGLAS	COFFEE COUNTY	1	1		60	945 264	519 895

STATE	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	DOUGLAS	COFFEE CO HC	5	1			92 653	30 885
3	DOUGLASVILLE	DOUGLAS CO AUX HC	5	1			52 000	23 400
3	DUBLIN	LAURENS COUNTY	1	1		60	879 334	483 633
3	DUBLIN	LAURENS CO HC	5	1			93 246	31 082
8	DULUTH	JOAN GLANCY MEM	1	5		13	367 868	109 300
3	EAST POINT	EAST POINT AUX HC EQ	5	3			3 068	889
3	EATONTON	PUTNAM CO AUX HC	5	1			73 608	24 534
3	ELBERTON	ELBERT COUNTY	1	1		47	780 276	260 092
3	ELBERTON	ELBERTON ELBERT CO HC	5	1			79 491	47 695
3	ELLIJAY	WATKINS MEMORIAL	1	1		25	358 578	118 129
8	EMORY UNIV	EMORY CLINIC OTC EQ	9	2			1 597 228	145 646
3	FAIRBURN	FULTON COUNTY AUX PHC	5	1			40 696	13 565
3	FOLKSTON	CHARLTON CO AUX HC	5	1			45 593	20 517
3	FORSYTH	MONROE CO HOSP	1	1		25	389 075	129 692
3	FORSYTH	MONROE CO AUX HC	5	1			69 866	23 256
3	FORT VALLEY	PEACH CO	1	1		34	413 029	179 758
3	FORT VALLEY	PEACH COUNTY AUX HC	5	1			55 387	18 462
3	FORT VALLEY	PEACH CO HOSP	1	2		10	174 435	58 145
3	FRANKLIN	HEARD COUNTY MEM EQ	1	1			17 217	5 739
8	FRANKLIN	HEARD CO MEMORIAL	1	5		12	205 663	68 084
3	FT OGLETHORPE	TRI COUNTY HOSP	1	5		100	1 398 612	659 486
3	GAINESVILLE	HALL CO HOSP	1	1		112	1 666 228	536 102
3	GAINESVILLE	HALL COUNTY HC	5	1			205 038	67 959
8	GAINESVILLE	HALL CO HOSP	1	5		60	700 000	233 333
3	GRAY	JONES CO AUX HC	5	1			49 960	16 653
3	GREENSBORO	MINNIE G BOSWELL MEM	1	1		28	401 250	133 750
3	GREENSBORO	MINNIE G BOSWELL MEM	1	2		12	169 011	55 500
3	GREENSBORO	MINNIE G BOSWELL MEM	1	5	4	11	74 184	24 728
3	GREENVILLE	MERIWETHER CO AUX HC	5	1			82 500	45 375
3	GRIFFIN	GRIFFIN SPALDING CO	1	1		101	1 321 491	440 497
3	GRIFFIN	GRIFFIN SPALDING CO HC	5	1			173 945	95 670
3	HAMILTON	HARRIS COUNTY AUX PHC	5	1			33 800	20 280
8	HARTWELL	HART CO PHC	7	1		15	373 676	123 392
3	HIAWASSEE	LEE W HAPP JR MEM	1	1		12	179 604	98 782
3	HINESVILLE	LIBERTY CO AUX HC	5	1			84 970	28 323
3	HOMERVILLE	CLINCH CO HOSP	1	1		25	362 198	120 733
3	HOWELL MILL	FULTON COUNTY AUX PHC	5	1			31 679	10 560
3	IRWINTON	WILKINSON CO AUX HC	5	1			36 879	20 283
3	JACKSON	BUTTS CO AUX HC	5	1			57 761	25 993
1	JEFFERSON	JACKSON CO HC	5	1			75 000	25 000
8	JESSUP	WAYNE MEMORIAL	1	1		69	1 168 739	389 580
3	JESUP	WAYNE COUNTY PHC	5	1			87 508	52 505
2	JONESBORO	CLAYTON CO HC	5	1			130 650	43 550
8	KIRKWOOD	DEKALB CO HC	5	1			77 562	25 854
3	LA FAYETTE	WALKER CO HC	5	1			112 795	37 598
8	LAGRANGE	CITY COUNTY HOSP	G4	2		16	185 363	92 682
3	LAGRANGE	CITY COUNTY	1	2		74	504 000	168 000
8	LAGRANGE	CITY COUNTY HOSP	1	5	4	•	1 465 931	488 644
3	LAKEWOOD	FULTON COUNTY AUX PHC	5	1			37 935	12 645
3	LAKEWOOD	LAKEWOOD AUX HC EQ	5	3			3 068	889
2	LAWRENCEVILLE	BUTTON GWINNETT GENERAL	1	1		35	762 000	254 000
3	LAWRENCEVILLE	GWINNETT COUNTY HC	5	1			119 215	65 568
3	LUDOWICI	LONG CO AUX HC	5	1			35 336	11 778
8	MACON	MACON CITY NRS TRNG SCH	1	2	6		559 664	186 545
3	MACON	MACON CITY ASF	1	5	4		154 593	51 531
3	MACON	MACON CITY	1	2		24	57 834	19 278
3	MACON	MACON CITY	1	5	2	•	5 794 442	1 694 428
3	MACON	BIBB CO HC	5	1			531 495	163 332
3	MADISON	MORGAN CO AUX HC	5	1			89 437	29 787
8	MARIETTA	KENNESTONE	G4	2		35	1 080 672	540 336
3	MARIETTA	KENNESTONE	1	1		103	1 208 564	402 855
3	MARIETTA	KENNESTONE	1	5	1	50	746 421	248 807
8	MARIETTA	KENNESTONE	1	5	4	65	1 500 000	500 000
3	MCRAE	TELFAIR COUNTY	1	1		30	359 974	197 986
3	METTER	CANDLER CO AUX HC	5	1			67 887	22 628
3	MILLEDGEVILLE	BALDWIN CO HOSP	1	1		75	1 229 697	409 500
3	MILLEDGEVILLE	MARION ENNIS HC	5	1			94 641	30 102
3	MILLEN	JENKINS CO AUX PHC	5	1			51 544	23 195
3	MONROE	WALTON CO HC	5	1			92 609	41 674
2	MONROE	WALTON CO HOSP	1	1		45	746 619	248 873
3	MONTICELLO	JASPER COUNTY	1	1		25	259 845	142 915

28728 O—58——26

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED SHARE
1	MONTICELLO	JASPER CO HC	5	1			91 139	30 380
3	MOULTRIE	VEREEN MEM CONV WING	0	2		46	290 430	144 690
3	MOULTRIE	VEREEN MEMORIAL	1	5		35	781 967	308 778
3	NASHVILLE	BERRIEN CO AUX HC	5	1			82 031	83 414
3	NEWNAN	COWETA CO HC	5	1			95 000	31 667
3	OCILLA	IRWIN CO	1	1		25	327 595	147 418
3	OGLETHORPE	MACON CO AUX HC	5	1			65 244	21 711
3	PEARSON	ATKINSON CO AUX HC	5	1			30 398	11 816
3	PERKERSON	FULTON COUNTY AUX PHC	5	1			38 190	18 730
3	PERRY	HOUSTON CO HC	5	1			72 330	24 118
3	QUITMAN	BROOKS COUNTY AUX PHC	5	1			66 198	36 405
3	RED OAK	FULTON COUNTY AUX PHC	5	1			42 086	14 089
3	REIDSVILLE	TATTNALL CO AUX HC	5	1			68 008	20 667
3	RICHLAND	STEWART-WEBSTER	1	1		24	255 536	85 179
1	ROCHELLE	WILCOX COUNTY HC	5	1			45 000	15 000
3	ROCKDALE PARK	FULTON COUNTY AUX PHC	5	1			32 901	10 967
3	ROCKMART	ROCKMART ARAGON	1	1		25	329 538	148 289
3	ROME	FLOYD HOSPITAL	1	5	4	•	1 121 058	366 667
3	ROME	BATTEY STATE NH	2	2	2		164 168	90 869
3	ROME	BATTEY STATE ASF	2	3	1		153 413	84 377
3	ROME	FLOYD-COUNTY PHC	5	1			65 286	38 874
3	ROYSTON	COBB MEMORIAL	1	1		20	213 460	71 153
3	SANDERSVILLE	WASHINGTON CO HC	5	1			112 545	37 515
3	SANDY SPRINGS	FULTON COUNTY AUX PHC	5	1			36 271	12 090
3	SAVANNAH	MEMORIAL HOSP	1	1		300	4 497 781	1 488 987
3	SAVANNAH	CLAIR HENDERSON MEM RF	6	1			53 400	26 700
1	SAVANNAH	MEMORIAL HOSP NH	1	2	6		900 000	300 000
3	SOPERTON	TREUTLEN COUNTY	1	1		25	310 572	170 786
3	SOUTH FULTON	FULTON COUNTY AUX PHC	5	1			33 111	11 037
3	SOUTH FULTON	SOUTH FULTON AUX HC	5	1			27 037	8 913
3	SPRINGFIELD	EFFINGHAM CO AUX HC	5	1			38 367	21 102
3	STATESBORO	BULLOCH CO	1	5	4	40	686 480	228 836
3	STATESBORO	BULLOCH COUNTY HC	5	1			61 470	33 809
3	SUMMERVILLE	CHATTOOGA COUNTY	1	1		31	343 990	189 195
1	SUMMERVILLE	CHATTOOGA CO HC	5	1			84 200	28 067
3	SWAINSBORO	EMANUEL COUNTY	1	1		50	597 872	355 074
3	SYLVANIA	SCREVEN COUNTY GEN	1	1		34	332 000	199 800
3	SYLVANIA	SCREVEN CO HC	5	1			89 546	29 849
3	SYLVESTER	WORTH COUNTY	1	1		29	293 114	97 705
3	TALBOTTON	TALBOT CO AUX HC	5	1			67 663	22 555
3	THOMASTON	UPSON COUNTY	1	1		100	1 122 000	374 000
3	THOMASTON	UPSON CO HC	5	1			150 798	50 266
3	THOMASVILLE	THOMAS COUNTY HC	5	1			163 250	89 788
2	THOMASVILLE	JOHN D ARCHBOLD MEM	1	2		79	1 679 233	559 744
3	THOMSON	MCDUFFIE CO	1	1		29	325 500	195 300
3	TIFTON	TIFT COUNTY	1	5		30	378 264	167 004
3	TOCCOA	STEPHENS COUNTY	1	5		•	424 000	254 400
3	TRENTON	DADE CO AUX HC	5	1			52 864	23 789
2	TUCKER	TUCKER AUX HC	5	1			82 698	27 566
3	VALDOSTA	LOWNDES	1	1		100	1 771 799	684 719
3	VILLA RICA	VILLA RICA COMM	1	1		25	239 440	79 813
2	WARM SPRINGS	MERIWETHER MEM	1	1		32	538 142	179 381
2	WARM SPRINGS	GA WARM SPGS REHAB	6	5	4		461 384	230 692
1	WARNER ROBINS	HOUSTON MEMORIAL	1	1		50	1 000 000	333 333
3	WATKINSVILLE	OCONEE COUNTY AUX HC	5	1			43 500	23 925
3	WAYCROSS	WARE COUNTY	1	1		100	1 504 275	495 836
3	WAYCROSS	WARE CO HC	5	5			70 949	23 649
3	WAYNESBORO	WAYNESBORO BURKE CO	1	1		33	416 070	249 648
3	WAYNESBORO	BURKE COUNTY HC	5	1			61 822	34 002
3	WINDER	BARROW COUNTY	1	1		40	550 000	302 500
1	WINDER	BARROW COUNTY HC	5	1			78 580	26 193
3	WOODBINE	CAMDEN COUNTY AUX PHC	5	1			45 714	25 143
3	ZEBULON	PIKE CO AUX HC	5	1			47 172	15 784
	IDAHO							
3	ASHTON	ASHTON MEMORIAL	1	1		15	90 387	30 129
3	BLACKFOOT	BINGHAM MEMORIAL	1	1		42	544 919	181 639
2	BOISE	IDAHO ELKS REHAB CTR	G4	1		37	228 389	113 077
3	BOISE	ST ALPHONSUS	1	2		60	903 503	105 000
3	BOISE	ST LUKES HOSP	1	5		79	970 276	105 000
2	BOISE	IDAHO ELKS REHAB CTR	6	1			294 255	145 641

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	BONNERS FERRY	BOUNDARY COUNTY COMM	1	1		30	418 006	139 130
3	CALDWELL	CALDWELL MEMORIAL	1	1		75	714 524	139 758
3	CALDWELL	CALDWELL MEMORIAL EQ	1	1			86 014	28 671
3	DOWNEY	MARSH VALLEY	1	5	1	5	69 428	27 293
3	GOODING	GOODING MEMORIAL	1	5	4	18	173 317	31 705
3	GOODING	IDAHO STATE TB	2	2	4	50	1 100 627	347 438
3	GRANGEVILLE	IDAHO CO NURSING HOME	0	1		34	272 629	135 477
3	JEROME	JEROME MEMORIAL	1	1	4	40	702 980	208 500
3	KELLOGG	WEST SHOSHONE HOSP	1	1		60	1 322 221	430 000
3	MC CALL	MC CALL MEMORIAL	1	1		13	213 327	96 955
3	MONTPELIER	BEAR LAKE MEMORIAL	1	1		35	356 205	118 735
3	MOSCOW	LATAH NURSING HOME	0	1		47	287 221	141 029
3	MOUNTAIN HOME	ELMORE COUNTY HOSP	7	1		10	164 187	79 285
3	OROFINO	CLEARWATER VALLEY	1	1		23	530 921	253 905
3	POCATELLO	POCATELLO GENERAL	1	1	3	100	1 572 919	300 000
3	POCATELLO	ST ANTHONY MERCY	1	5	1	55	429 637	21 880
3	POCATELLO	SOUTHEASTERN IDAHO HD	5	1			130 092	65 046
3	PRESTON	GENERAL MEM HOSP	1	5	4	13	140 000	62 133
3	SALMON	STEELE MEMORIAL	7	1		28	261 134	87 045
3	SHOSHONE	WOOD RIVER CONV HOME	0	1		30	164 165	82 082
2	ST MARIES	BENEWAH COMMUNITY	1	1		20	478 130	231 089
3	TWIN FALLS	TWIN FALLS COUNTY	1	1		161	1 853 773	315 029
3	TWIN FALLS	SO CENT DIST HLTH DEPT	5	5			12 595	6 298
3	WEISER	WEISER MEMORIAL	7	1		30	450 335	145 554
	ILLINOIS							
3	ALEDO	MERCER COUNTY	1	1		50	801 233	267 079
3	ANNA	ANNA CITY	1	1	3	50	1 161 976	387 325
1	ARLINGTON HGTS	NORTHWEST COMMUNITY	1	1		100	2 271 000	600 000
3	AURORA	MERCYVILLE SANATORIUM	3	2	4	105	2 030 950	587 422
3	AURORA	COPLEY MEM HOSP NH	1	6	6		750 000	227 208
2	BELLEVILLE	THE MEMORIAL HOSP	G4	1		*	2 400 000	168 500
3	BENTON	FRANKLIN HOSP	1	1		123	1 675 000	643 211
3	BLOOMINGTON	ST JOSEPHS	1	2	2	40	392 738	147 440
3	CAIRO	ST MARYS NURSES HOME	1	2			402 754	134 251
3	CAIRO	ST MARYS	1	2		55	1 200 000	465 600
2	CANTON	GRAHAM HOSP AND TRNG SC	1	5	6	54	1 300 000	354 000
3	CARLINVILLE	CARLINVILLE GENERAL	1	1		53	912 000	353 856
3	CARMI	CARMI TOWNSHIP	1	1		45	1 097 560	414 772
3	CARTHAGE	HANCOCK COUNTY	1	1		50	741 475	247 159
2	CENTRALIA	ST MARYS HOSP	1	4		*	3 400 000	972 250
3	CHARLESTON	CHARLESTON COMM MEM	1	4		48	750 000	219 100
2	CHICAGO	RESURRECTION HOSP	G4	2		40	373 450	112 000
3	CHICAGO	LA RABIDA JACKSON PK SA	4	5	4	23	144 002	38 890
3	CHICAGO	PROVIDENT HOSP TRG SCH	1	5		30	527 000	204 476
3	CHICAGO	SWEDISH COVENANT	1	2		50	485 727	155 200
3	CHICAGO	ILLINOIS MASONIC	1	2		70	1 008 302	160 102
3	CHICAGO	RESURRECTION	1	1		180	3 990 000	1 435 600
3	CHICAGO	UNIV OF CHICAGO	1	2		167	3 750 000	535 440
3	CHICAGO	MT SINAI HOSP EQ	1	2			10 000	3 889
3	CHICAGO	DISTRICT HEALTH CENTER	5	5			2 494	968
3	CHICAGO	DEPT OF HEALTH LAB	8	5			119 926	46 531
2	CHICAGO	CHICAGO WESLEY MEM	1	2		*	6 700 000	182 783
2	CHICAGO	PRESBYTERIAN ST LUKES	1	2		*	9 000 000	303 650
2	CHICAGO	MICHAEL REESE HOSP ASF	1	5	1		1 200 000	375 600
2	CHICAGO	RESURRECTION HOSP	1	2	2	40	693 550	194 833
2	CHICAGO	REHAB INST OF CHICAGO	6	5			1 400 000	358 240
2	CHICAGO	LUTHERAN COMMUNITY	1	1		200	4 559 000	1 375 008
1	CHICAGO	PROVIDENT HOSP TRG SCH	1	2	4		187 000	62 333
1	CHICAGO	LORETTO HOSP	1	5	4	19	234 000	78 000
1	CHICAGO	ST JAMES HOSP	1	5		129	2 550 000	693 000
1	CHICAGO HGTS	LAKEVIEW HOSP	1	5		96	1 908 000	547 750
3	DANVILLE	ST ELIZABETHS	1	5	4	160	2 650 000	829 450
1	DANVILLE	DECATUR MACON CO HOSP	1	2		61	1 085 146	42 747
3	DECATUR	DECATUR MACON CO HOSP	1	3		51	116 461	44 030
3	DECATUR	EAST SIDE PHC	5	1			500 000	122 345
2	E ST LOUIS	ST ANTHONYS MEMORIAL	1	1	2	*	4 377 445	1 690 186
3	EFFINGHAM	MEM HOSP OF DUPAGE CO	1	2		*	2 150 000	110 000
2	ELMHURST	COMMUNITY	1	4		50	940 000	364 720
3	EVANSTON	EVANSTON HOSP	1	5		35	537 242	49 600
2	EVANSTON	EVANSTON HOSP OTC	9	2			345 090	84 333

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
1	EVERGREEN PARK	LITTLE CO OF MARY	G4	8		39	459 894	153 098
1	EVERGREEN PARK	LITTLE CO OF MARY	1	8		38	477 180	159 060
1	EVERGREEN PARK	LITTLE CO OF MARY DTC	9	8			597 399	199 133
3	FAIRFIELD	FAIRFIELD MEMORIAL	1	1		100	1 242 983	414 328
3	FLORA	CLAY COUNTY	1	1		50	906 295	302 099
3	GIBSON CITY	GIBSON COMMUNITY	1	1		40	800 000	310 400
1	GRANITE CITY	ST ELIZABETH HOSP	1	5	2	106	2 800 000	544 000
2	HARVEY	INGALLS MEMORIAL	1	5	4	123	2 790 000	747 000
3	HIGHLAND PARK	HIGHLAND PARK	1	5		30	210 681	46 560
1	HIGHLAND PARK	HIGHLAND PARK DTC	9	2			1 000 000	86 000
3	HINSDALE	HINSDALE SAN AND HOSP	1	4		197	3 490 000	1 841 800
3	JACKSONVILLE	PASSAVANT MEMORIAL	1	1		136	2 015 000	763 391
2	JOLIET	SILVER CROSS HOSP	1	5		98	1 056 426	306 000
2	JOLIET	SILVER CROSS HOSP DTC	9	5			675 000	172 333
2	KANKAKEE	ST MARYS HOSP	1	5	4	100	2 700 000	700 000
3	LAGRANGE	COMM MEM GEN HOSP	1	1	1	99	2 260 000	786 480
3	LAWRENCEVILLE	LAWRENCE COUNTY	7	1		50	971 100	323 700
3	LINCOLN	ABRAHAM LINCOLN MEM	1	1		104	1 765 000	659 800
2	MACOMB	MCDONOUGH DIST HOSP	1	4		95	2 400 000	636 800
3	MARION	MARION MUNICIPAL	1	1		56	947 000	367 436
2	MARION	MARION MEMORIAL EQ DTC	9	3			30 398	7 000
3	METROPOLIS	MASSAC CO HOSP	1	1		48	800 000	311 120
1	MORRIS	MORRIS HOSP	1	5	4	22	300 000	81 300
3	MT CARMEL	WABASH COUNTY	1	1		52	904 963	301 654
3	MT VERNON	GOOD SAMARITAN	1	1		100	2 199 000	733 000
3	MT VERNON	STATE TB SANA	2	1		100	2 117 267	446 693
2	NORMAL	BROKAW HOSP DTC	9	2			500 000	111 857
3	OAKLAWN	STICKNEY HC	5	5			88 000	34 823
3	OLNEY	MED CENTER RICHLAND CO	1	1		100	1 674 175	649 580
3	PEKIN	PEKIN PUBLIC HOSP	1	5	1	151	1 600 000	587 422
3	PEORIA	ST FRANCIS FOREST PK EQ	1	2			1 166 524	71 401
3	PEORIA	THE METHODIST	1	1		145	1 690 145	407 400
2	PEORIA	PROCTOR COMMUNITY	1	1		110	2 650 000	658 000
3	QUINCY	BLESSING	1	5		67	1 176 024	301 864
1	QUINCY	BLESSING HOSP RF	6	2			1 074 000	58 333
3	RED BUD	ST CLEMENTS	1	8		64	1 096 339	330 576
3	ROCK ISLAND	ST ANTHONYS	1	2		106	1 800 000	388 000
2	ROSICLARE	HARDIN CO GENERAL	1	1		25	630 931	210 000
3	SHELBYVILLE	SHELBY CO MEM	1	2		24	435 000	168 780
2	SPRINGFIELD	MEMORIAL HOSP	1	5	2	*	2 650 000	585 000
2	TAYLORVILLE	ST VINCENT MEM	G4	2		54	710 000	200 888
3	TAYLORVILLE	ST VINCENT MEM	1	1	4	117	2 468 000	861 393
3	VANDALIA	FAYETTE COUNTY	1	1		82	1 560 000	587 488
2	WATERLOO	MONROE CO NURSING HOME	0	2		64	420 000	180 000
2	WATSEKA	IROQUOIS NURSING HOME	0	2		40	850 000	173 742
2	WOODSTOCK	MEMORIAL HOSP	1	5	4	36	850 000	234 750
	INDIANA							
3	BEDFORD	DUNN MEMORIAL	1	5		40	560 944	183 629
3	CANNELTON	PERRY COUNTY MEMORIAL	1	1		28	559 941	184 139
3	CLINTON	VERMILLION CO	1	5		36	412 769	134 840
3	COLUMBIA CITY	WHITLEY COUNTY MEM	1	1		57	768 232	252 072
3	COLUMBUS	BARTHOLOMEW COUNTY	1	5	4	*	1 775 411	837 928
3	CONNERSVILLE	FAYETTE MEMORIAL	1	2		24	350 433	105 731
3	CORYDON	HARRISON COUNTY ASF	1	1	4		4 768	2 384
3	CORYDON	HARRISON COUNTY	7	1		18	317 828	103 491
3	DYER	MT MERCY HOSP AND SAN	3	2		125	1 052 009	324 488
3	DYER	MT MERCY HOSP AND SAN	3	2		44	265 073	138 438
3	ELKHART	ELKHART GEN	1	2	3	*	1 409 857	619 508
3	EVANSVILLE	PROTESTANT DEACONESS	1	2		54	695 031	347 810
3	EVANSVILLE	ST MARYS	1	1		336	7 334 770	2 204 730
2	EVANSVILLE	REHABILITATION CENTER	6	1			356 436	105 918
1	EVANSVILLE	BETHEL SANITARIUM INC	0	1		50	289 300	72 100
3	FORT WAYNE	LUTHERAN HOSP	G4	2		45	794 045	38 000
3	FORT WAYNE	LUTHERAN HOSP MH	1	4	2		815 321	164 599
3	FORT WAYNE	METHODIST HOSPITAL	1	1	1	260	4 285 574	1 508 366
3	FORT WAYNE	IRENE BYRON TB SAN ASF	2	2	4		146 318	47 328
3	FORT WAYNE	IRENE BYRON TB SAN	2	5		50	636 986	312 119
3	FRANKFORT	CLINTON COUNTY	1	2		55	1 270 942	618 797

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	GARY	METHODIST	1	2		34	484 326	241 874
3	GARY	GARY PHC	5	3			19 195	2 948
3	GOSHEN	GOSHEN HOSPITAL	7	1		50	847 963	412 500
3	GREENCASTLE	PUTNAM CO HOSP	0	5	4	17	193 023	64 211
3	GREENFIELD	HANCOCK MEMORIAL	1	1	1	48	779 885	239 656
3	HAMMOND	ST MARGARETS ASF	1	2	4		338 493	160 935
2	HARTFORD CITY	BLACKFORD CO HOSP	1	5	4	20	594 589	73 794
2	INDIANAPOLIS	INDIANAPOLIS GENERAL RF	6	3	4		361 509	115 044
3	INDIANAPOLIS	INDIANA U MED CENT ASF	1	2	4	4	008 552	1 353 901
3	JASPER	DUBOIS COUNTY MEM	1	1	3	79	1 114 907	358 345
2	JEFFERSONVILLE	CLARK COUNTY MEM	G4	2		88	192 258	63 238
3	JEFFERSONVILLE	CLARK COUNTY MEM ASF	1	1	4		51 139	11 344
2	JEFFERSONVILLE	CLARK COUNTY MEM	1	5		97	1 141 107	378 762
3	KNOX	STARKE COUNTY	1	1		36	397 891	189 986
1	KOKOMO	ST JOSEPH MEMORIAL	G4	2		*	789 114	124 891
3	LAGRANGE	LAGRANGE COUNTY	1	1		38	668 089	215 387
2	LAWRENCEBURG	DEARBORN CO HOSP	1	1		*	1 274 583	415 480
3	LINTON	FREEMAN GREENE CO	1	2		33	466 943	216 407
2	LOGANSPORT	MEMORIAL HOSP	1	5	4	*	1 703 132	494 878
2	MADISON	KINGS DAUGHTERS	1	5		49	1 148 283	325 649
3	MARION	MARION GENERAL	1	5		*	2 118 236	443 345
2	MARTINSVILLE	MORGAN CO MEMORIAL	1	1		68	1 322 588	383 830
2	MUNCIE	BALL MEMORIAL	G4	5	4	68	842 433	147 370
3	NEW ALBANY	FLOYD COUNTY	1	1		61	1 373 630	636 840
3	NOBLESVILLE	HAMILTON CO HOSP	1	1	4	83	1 062 987	332 884
2	PAOLI	ORANGE CO HOSP	1	1		*	989 578	314 000
1	PLYMOUTH	PARKVIEW HOSP	1	2		58	1 086 000	342 000
3	PORTLAND	JAY COUNTY	1	5		44	901 338	447 763
3	RICHMOND	REID MEMORIAL	1	5		103	1 780 374	860 566
3	RUSHVILLE	RUSH COUNTY	1	1	1	63	897 311	290 336
3	SALEM	WASHINGTON CO MEM	1	1		27	543 734	179 176
2	SALEM	WASHINGTON CO MEM	0	2		12	102 921	38 803
2	SALEM	WASHINGTON CO MEM DTC	9	2			67 597	22 499
2	SAN PIERRE	CALVARY NURSING HOME	0	5	4	94	2 002 032	160 505
3	SEYMOUR	JACKSON CO SCHNECK MEM	1	5	4	65	822 619	85 000
2	SOUTH BEND	ST JOSEPHS HOSP	G4	5		30	334 939	111 646
2	SOUTH BEND	MEMORIAL HOSPITAL	1	5		180	4 464 285	1 234 507
2	SOUTH BEND	ST JOSEPHS HOSP	1	5		*	3 611 365	1 014 440
2	TERRE HAUTE	THE UNION HOSPITAL	1	5	4	68	1 308 071	600 000
3	TERRE HAUTE	ST ANTHONYS	1	5		*	976 371	387 130
3	TIPTON	CO MEM AND OP FAC	1	1	1	52	774 448	254 928
3	TIPTON	TIPTON CO MEM ASF	1	1	4		38 460	3 594
3	UNION CITY	UNION CITY MEMORIAL	1	1		24	352 884	117 628
3	VINCENNES	GOOD SAMARITAN	1	1		40	835 040	275 539
3	WINCHESTER	RANDOLPH COUNTY	1	5		38	491 331	169 888
3	WINCHESTER	RANDOLPH COUNTY	1	2	4	*	438 569	176 131
	IOWA							
3	AUDUBON	AUDUBON COUNTY MEM	1	1		30	491 199	161 883
3	BLOOMFIELD	DAVIS COUNTY	1	1		34	507 345	166 647
2	BLOOMFIELD	DAVIS CO HOSP	1	2		26	324 000	108 000
2	BOONE	BOONE CO	1	5	4	62	1 071 106	357 000
3	BRITT	HANCOCK CO MEML	1	1	1	32	506 498	165 880
3	CEDAR RAPIDS	ST LUKES METHODIST	1	7	4	169	2 586 146	817 600
1	CEDAR RAPIDS	MERCY HOSP	1	5	4	62	2 379 280	400 000
1	CEDAR RAPIDS	ST LUKES METHODIST	1	5		104	2 387 500	400 000
2	CENTERVILLE	ST JOSEPHS MERCY	1	5	4	33	702 510	232 749
3	CHEROKEE	SIOUX VALLEY	1	5		42	448 915	147 748
3	CLARION	COMMUNITY MEMORIAL	1	1		28	287 010	93 946
3	CORNING	ROSARY	1	5		36	642 051	188 350
2	CORYDON	WAYNE COUNTY	1	1		34	461 186	150 030
3	COUNCIL BLUFFS	JENNIE EDMUNDSON MEM	1	5		56	462 393	151 645
3	COUNCIL BLUFFS	ST BERNARDS	3	5		185	1 367 171	343 283
2	COUNCIL BLUFFS	MERCY HOSP	1	5		181	883 000	270 000
3	DAVENPORT	ST LUKES	1	5		*	1 633 647	538 743
3	DAVENPORT	MERCY	1	5	2	150	2 683 744	845 407
3	DENISON	CRAWFORD CO MEM	1	1		80	562 446	182 171
2	DES MOINES	IOWA METHODIST	G4	2		180	2 894 510	707 655
3	DES MOINES	IOWA METHODIST	1	5		*	1 864 502	96 985
2	DES MOINES	MERCY HOSP	1	5		179	4 670 000	1 149 881

HEALTH RESEARCH FACILITIES

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED SHARE
1	DES MOINES	IOWA METHODIST DTC	9	5			212 800	70 933
3	DEWITT	DEWITT COMMUNITY	1	1		32	423 238	140 000
1	ESTHERVILLE	HOLY FAMILY HOSP	1	3	4	50	1 302 300	434 100
3	FAIRFIELD	JEFFERSON COUNTY	1	6		46	575 564	190 387
2	FORT MADISON	SACRED HEART	1	2	4	•	1 600 899	504 048
3	GREENFIELD	ADAIR COUNTY MEM						
3	GRUNDY CENTER	GRUNDY COUNTY MEM	1	1		32	390 382	126 768
3	GUTHRIE CENTER	GUTHRIE COUNTY	1	1		40	489 926	155 469
3	HARLAN	MYRTUE MEMORIAL	1	1		38	396 864	129 559
2	IOWA CITY	STATE UNIV OF IOWA	1	1		50	1 046 144	331 155
			1	5		54	553 466	184 489
2	IOWA CITY	STATE UNIV OF IOWA						
2	IOWA CITY	MERCY HOSP	1	5	1	•	1 569 383	454 423
1	IOWA CITY	STATE UNIV OF IOWA	1	5		40	209 140	63 000
3	JEFFERSON	GREENE COUNTY	1	3		44	245 000	78 333
3	KEOSAUQUA	VAN BUREN COUNTY MEM	1	5		21	487 145	160 812
			1	1		20	284 812	91 995
3	MANCHESTER	DELAWARE CO MEM						
2	MANCHESTER	DELAWARE CO MEM	1	1		35	402 960	124 025
3	MAQUOKETA	JACKSON CO PUBLIC	1	2		26	204 000	68 000
2	MAQUOKETA	JACKSON CO PUBLIC HOSP	1	1		38	530 352	176 784
2	MARENGO	MARENGO MEMORIAL EQ	1	5	4	30	217 546	71 900
			1	1			261 700	85 000
2	MO VALLEY	COMMUNITY MEMORIAL						
3	MOUNT AYR	RINGGOLD COUNTY	1	1		30	451 200	150 000
2	MT PLEASANT	HENRY CO MEMORIAL	1	1		22	346 161	114 355
3	MUSCATINE	MUSCATINE CO	1	5	4	•	632 609	205 943
2	NEWTON	MARY FRANCES SKIFF MEM	1	1		139	1 702 429	538 779
			1	5		57	508 674	160 000
2	OAKDALE	OAKDALE TB SAN REHAB						
3	OELWEIN	MERCY	6	5			584 655	107 655
3	OSAGE	MITCHELL COUNTY MEM	1	3	4	•	826 545	252 900
3	OSCEOLA	CLARKE COUNTY	1	1		33	459 061	152 850
3	OTTUMWA	OTTUMWA GENERAL	1	1		32	522 067	170 852
			1	1		133	1 839 923	594 766
2	OTTUMWA	OTTUMWA GENERAL						
1	OTTUMWA	ST JOSEPHS HOSP	1	2		71	705 000	235 000
3	PERRY	DALLAS COUNTY	1	5		•	1 350 000	450 000
3	RED OAK	MURPHY MEMORIAL	1	1		38	677 329	218 739
2	ROCK RAPIDS	MERRILL PIONEER COMM	1	2		18	191 258	63 258
			1	1		32	450 000	150 000
3	SAC CITY	LORING						
3	SHELDON	COMMUNITY MEMORIAL	1	1		32	306 529	99 843
2	SHELDON	COMMUNITY MEMORIAL	1	2		24	346 755	111 461
3	SHENANDOAH	HAND COMMUNITY	1	2	4	8	62 900	20 917
3	SIGOURNEY	KEOKUK COUNTY	1	5	4	•	501 205	167 000
			1	1		34	679 807	222 888
3	SIOUX CENTER	SIOUX CENTER COMMUNITY						
2	SIOUX CENTER	SIOUX CENTER COMMUNITY	1	1		26	294 267	95 950
3	SPENCER	SPENCER MUNICIPAL	0	2		28	185 330	56 485
2	SPIRIT LAKE	DICKINSON CO MEMORIAL	1	1		49	765 703	244 863
3	STORM LAKE	BUENA VISTA COUNTY	1	1		47	633 000	210 000
			1	1		50	529 073	172 719
3	VINTON	VIRGINIA GAY						
1	WATERLOO	SCHODTZ MEMORIAL	1	1		36	384 154	124 307
3	WAUKON	VETERANS MEMORIAL	1	5		82	1 250 000	416 667
3	WEBSTER CITY	HAMILTON CO PUBLIC	1	1		24	279 686	91 931
3	WESTUNION	PALMER MEMORIAL	1	5		50	778 217	254 363
			1	1		20	242 236	80 833
3	WINTERSET	MADISON COUNTY MEM						
			1	1		39	535 722	176 354
	KANSAS							
3	ATCHISON	ATCHISON						
3	BURLINGTON	COFFEY COUNTY	1	5	4	•	1 186 494	414 950
3	COFFEYVILLE	COFFEYVILLE MUNICIPAL	1	1		21	375 038	146 078
3	COLDWATER	COMANCHE COUNTY	1	1		74	819 685	187 608
3	COLUMBUS	MAUDE NORTON MEM	1	1		18	239 515	79 348
			1	6	4	22	191 702	63 901
3	COUNCIL GROVE	MORRIS COUNTY						
3	EL DORADO	SUSAN B ALLEN MEM	1	1	4	30	421 637	
3	FORT SCOTT	MERCY HOSP	1	5	2	41	715 804	166 520
1	FORT SCOTT	MERCY HOSP NH AND BCH	1	1	4	172	2 592 643	279 673
3	FREDONIA	ST MARGARETS MERCY	1	2	2		500 000	913 000
			1	1		42	621 503	200 000
1	GARDEN CITY	ST CATHERINE HOSP						207 168
3	GARNETT	ANDERSON COUNTY	1	2		•	520 000	100 000
3	GOODLAND	BOOTHROY MEM HOSP ASSN	1	1		32	343 162	109 887
3	GREENSBURG	KIOWA CO MEMORIAL	1	5	4	30	155 367	48 122
1	HALSTEAD	HALSTEAD HOSP	1	1	3	20	188 676	62 092
			1	6		•	1 664 600	314 120
2	HAYS	THE HADLEY MEM HOSP	64	2		76	876 223	350 489
2	HAYS	THE HADLEY MEM HOSP DTC	9	2			282 746	113 098

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	IOLA	ALLEN CO HOSP	1	1		40	618 889	247 556
2	KANSAS CITY	BETHANY HOSP	G4	2		48	250 000	100 000
3	KANSAS CITY	U OF KANSAS MED CENTER	1	2		76	1 815 058	321 240
2	KANSAS CITY	U OF KANSAS MED CENTER	1	2	4	77	1 048 862	401 240
2	KANSAS CITY	PROVIDENCE HOSP	1	5	4	50	1 855 501	667 885
2	KANSAS CITY	ST MARGARETS EQ	1	8			3 251 759	85 084
2	KANSAS CITY	BETHANY HOSP	1	8	4	61	1 230 000	492 000
2	KANSAS CITY	CHILDRENS REHAB CENTER	6	2			404 483	150 000
2	KANSAS CITY	BETHANY HOSP DTC	9	8			250 000	100 000
1	KANSAS CITY	DOUGLASS HOSP	1	1		45	932 056	125 080
3	KINGMAN	KINGMAN MEMORIAL	1	5		7	70 185	28 074
3	KINSLEY	EDWARDS COUNTY	1	1		22	250 070	83 357
3	LA CROSSE	RUSH COUNTY	1	1		26	269 365	89 788
3	LARNED	ST JOSEPH MEMORIAL	1	1	3	43	741 000	247 000
2	LAWRENCE	LAWRENCE MEMORIAL	1	2	4	86	1 202 366	480 946
3	MANHATTAN	RILEY COUNTY	1	1		95	1 569 206	604 707
3	MARION	ST LUKES HOSP	1	1		25	349 733	132 134
3	MARYSVILLE	COMMUNITY MEMORIAL	1	1		36	522 267	201 564
3	MEDICINE LODGE	MEDICINE LODGE MEM	1	1	3	21	284 580	69 860
3	NORTON	NORTON COUNTY	1	1		34	370 492	123 497
3	OBERLIN	DECATUR COUNTY	1	1		20	267 179	80 727
3	OTTAWA	RANSOM MEM	1	5		48	400 000	160 000
3	PAOLA	MIAMI COUNTY HOSP	1	1		28	468 415	133 332
3	PHILLIPSBURG	PHILLIPS CO COMM	1	1		24	231 116	90 446
3	PITTSBURG	MT CARMEL	1	5	4	44	690 198	230 068
3	PITTSBURG	MT CARMEL	1	5	4	*	450 293	179 230
3	PRATT	PRATT COUNTY	1	1		48	871 993	278 741
3	QUINTER	GOVE CO HOSP AND CL	7	6		20	200 976	66 992
3	SMITH CENTER	SMITH CO MEM	1	1		20	352 402	140 961
8	TOPEKA	CAPPER CRIPPLE CHILD RF	6	1			435 000	50 000
3	TOPEKA	STORMONT HOS NRS TR SCH	1	5		29	188 351	75 068
8	TOPEKA	STORMONT HOS NRS TR SCH	1	5	2		188 300	73 400
3	TOPEKA	ST FRANCIS	1	5		36	499 812	199 925
3	TOPEKA	STORMONT VAIL	1	5		183	3 340 670	1 325 998
3	TOPEKA	MENNINGER FOUNDATION	3	2	1	*	1 687 995	614 709
8	TOPEKA	ST FRANCIS	1	2		47	808 208	323 283
3	WICHITA	WICHITA SEDGWICK PHC	5	1			744 456	290 820
8	WICHITA	ST FRANCIS HOSP EQ	1	2			4 732 000	160 000
1	WICHITA	ST JOSEPH HOSP	1	5	4	*	1 159 100	200 000
2	WICHITA	WESLEY HOSP	1	2		43	226 000	89 170
	KENTUCKY							
3	ALBANY	CLINTON COUNTY	1	1		80	314 229	209 486
3	ASHLAND	KINGS DAUGHTERS	1	5		98	876 951	551 300
3	ASHLAND	STATE TB SANATORIUM EQ	2	1	2		187 975	62 659
3	ASHLAND	BOYD COUNTY HC	5	1			154 723	103 149
8	ASHLAND	KINGS DAUGHTERS NH	1	2	2		284 000	142 000
3	BARBOURVILLE	BARBOURVILLE KNOX CO HC	5	1			67 162	44 775
3	BARDSTOWN	FLAGET MEMORIAL	1	1		33	405 867	135 289
3	BARDSTOWN	NELSON CO HC	5	1			62 634	31 177
3	BARDWELL	CARLISLE CO HC	5	1			48 397	24 059
3	BENTTYVILLE	LEE CO HC	5	1			33 000	22 000
3	BELLEFONTE	BELLEFONTE	1	1		89	1 562 820	856 987
3	BENTON	MARSHALL CO HC	5	1			50 014	24 850
3	BEREA	BEREA COLLEGE HOSP	1	2	4	34	826 242	375 000
3	BOONEVILLE	OWSLEY CO HC	5	1			21 000	14 000
3	BOWLING GREEN	BOWLING GREEN WARREN HC	5	1			61 594	40 962
3	BOWLING GREEN	BOWLING GREEN WARREN CO	1	2	4	47	1 076 388	717 591
3	BOWLING GREEN	BOWLING GREEN WARRENASF	1	3	4		300 000	150 000
3	CADIZ	TRIGG COUNTY HOSP INC	1	1		20	354 650	232 512
3	CADIZ	CADIZ TRIGG CO HC	5	1			57 575	28 788
2	CALHOUN	MCLEAN CO HC	5	1			48 000	24 000
3	CAMPBELLSVILLE	ROSARY HOSP NH	1	5	2	8	57 875	28 538
3	CARLISLE	NICHOLAS COUNTY	1	1		28	272 584	90 862
3	CARLISLE	NICHOLAS CO HOSP ASF	1	3	4		25 971	12 896
3	CARROLLTON	CARROLL CO MEM	1	1		31	479 076	224 943
3	CLINTON	CLINTON AND HICKMAN CO	1	1		22	302 597	99 865
3	CLINTON	CLINTON AND HICKMAN CO	1	5	4	9	71 900	35 950
3	CLINTON	HICKMAN CO HC	5	1			39 926	19 963
3	CORBIN	CORBIN MUN HOSP	1	1		52	885 613	590 409
3	COVINGTON	ST ELIZABETHS	1	5	2	117	1 470 280	490 094

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	COVINGTON	WILLIAM BOOTH MEM	1	5		35	314 394	104 797
3	COVINGTON	COVINGTON KENTON CO TB	2	1		64	652 185	317 395
2	COVINGTON	WILLIAM BOOTH MEM	1	5	4	*	625 500	250 000
3	CYNTHIANA	HARRISON MEMORIAL	1	2	1	27	227 984	75 975
3	CYNTHIANA	CYNTHIANA HARRISON HC	5	1			68 100	44 567
3	DANVILLE	EPHRAIM MCDOWELL MEM	1	5	4	24	501 486	278 603
3	DANVILLE	BOYLE CO HC	5	1			73 799	49 199
3	DIXON	WEBSTER CO HC	5	1			44 574	29 716
3	ELIZABETHTOWN	HARDIN COUNTY	1	1		83	1 057 162	587 430
3	FLEMINGSBURG	FLEMING COUNTY HC	5	1			61 282	40 854
3	FORT THOMAS	CAMPBELL CO GENERAL	1	1		124	2 490 079	1 359 417
2	FRANKFORT	KINGS DAUGHTERS	1	5		55	1 049 194	473 000
3	FRENCHBURG	MENIFEE CO HC	5	1			26 709	17 806
3	FULTON	FULTON CO HC	5	1			51 185	25 543
3	GEORGETOWN	JOHN GRAVES FORD MEM	1	2	4	31	607 500	337 500
3	GEORGETOWN	SCOTT CO HC	5	1			66 454	44 179
3	GLASGOW	T J BANSON COMM	1	5	4	71	603 128	402 081
3	GLASGOW	STATE TB SANATORIUM EO	2	1	2		198 839	66 280
3	GLASGOW	BARREN CO HC	5	1			68 155	45 436
2	GREENSBURG	GREEN COUNTY HC	5	1			40 000	20 000
3	GREENVILLE	MUHLENBERG COMM	1	5		22	300 331	150 000
3	HARLAN	HARLAN CO HC	5	1			91 949	61 300
3	HARRODSBURG	MERCER CO HC	5	1			73 770	36 885
3	HARTFORD	OHIO COUNTY	1	1		29	424 784	312 392
2	HENDERSON	METHODIST HOSP	1	2		56	282 000	141 000
3	HICKMAN	FULTON CO AUX HC	5	1			52 279	26 089
2	HODGENVILLE	LARUE COUNTY HC	5	1			55 400	27 700
3	HOPKINSVILLE	JENNIE STUART MEM	1	2	4	22	201 583	64 527
3	HOPKINSVILLE	WESTERN STATE	3	4		320	1 018 768	679 179
2	JACKSON	BREATHITT CO HC	5	1			77 615	38 808
3	LA GRANGE	OLDHAM CO HC	5	1			49 504	33 003
2	LACENTER	BALLARD CO HC	5	1			50 000	25 000
3	LAKELAND	CENTRAL STATE	3	8		269	1 373 377	915 585
3	LANCASTER	GARRARD CO	1	1		30	306 189	99 686
2	LANCASTER	GARRARD CO HC	5	1			64 000	32 000
3	LEBANON	MARY IMMACULATE INFIR	1	1		46	707 670	471 780
3	LEITCHFIELD	GRAYSON CO WAR MEM	1	1		17	238 332	79 444
2	LEXINGTON	ST JOSEPH HOSP	G4	1		50	751 650	335 000
3	LEXINGTON	GOOD SAMARITAN HOSP	1	1		50	900 000	500 000
2	LEXINGTON	ST JOSEPH HOSP	1	1		244	4 386 498	1 955 000
2	LEXINGTON	UNIV OF KY MED CTR	1	1		*	14 823 106	546 632
2	LEXINGTON	UNIV OF KY MED CTR RF	6	1			1 131 487	880
2	LEXINGTON	ST JOSEPH HOSP DTC	9	1			471 184	210 000
2	LEXINGTON	UNIV OF KY MED CTR DTC	9	1		1	902 639	14 306
3	LIBERTY	CASEY CO WAR MEM	1	1		21	288 839	74 780
3	LONDON	STATE TB SANATORIUM EO	2	1	2		195 705	65 835
3	LONDON	LAUREL CO HC	5	1			62 727	41 818
3	LOUISVILLE	ST ANTHONYS NURSING SCH	1	2	2		753 380	376 323
3	LOUISVILLE	JOHN N NORTON MEM INFIR	1	5	3	124	901 146	300 381
3	LOUISVILLE	THE LOUISVILLE MARINE	4	1		173	573 141	373 567
3	LOUISVILLE	CHILDRENS HOSP	1	5		125	1 656 794	1 104 539
3	LOUISVILLE	RED CROSS ASSOC	1	5	4	36	651 872	424 081
3	LOUISVILLE	LOUISVILLE GENERAL ASF	1	5	3		201 782	67 860
3	LOUISVILLE	JEWISH HOSPITAL	1	1		118	2 634 166	1 871 554
3	LOUISVILLE	LOUISVILLE MED CTR ASF	1	2	4		840 228	327 498
3	LOUISVILLE	OUR LADY OF PEACE	3	1		108	2 176 511	781 587
3	LOUISVILLE	STATE DEPT HEALTH LAB	8	5			482 808	381 872
2	LOUISVILLE	SS MARY AND ELIZABETH	0	1		100	1 177 073	556 730
2	LOUISVILLE	LOUISVILLE GENERAL	1	5		116	2 951 937	1 000 000
2	LOUISVILLE	JOHN N NORTON MEM NH	1	2	6		400 000	200 000
2	LOUISVILLE	SS MARY AND ELIZ NH	1	1	2		989 019	494 510
2	LOUISVILLE	OUR LADY OF PEACE	3	2		96	1 033 680	500 000
3	MADISONVILLE	STATE TB SANATORIUM EO	2	1	2		198 556	66 186
2	MADISONVILLE	HOPKINS COUNTY HOSP	1	5		69	980 000	490 000
3	MAYFIELD	MAYFIELD GRAVES CO HC	5	1			80 000	40 000
3	MAYSVILLE	MAYSWOOD HOSPITAL	1	5	5	32	555 000	370 000
3	MAYSVILLE	MASON COUNTY HC	5	1			73 515	49 010
2	MOREHEAD	ROWAN CO HC	5	1			72 251	36 126
3	MT VERNON	ROCKCASTLE CO HOSP	1	1		24	385 273	158 887
3	MURRAY	MURRAY CALLOWAY CO HC	5	1			59 604	39 736
3	OWENSBORO	OWENSBORO DAVIESS CO HC	5	1			95 649	63 606

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED		ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	OWENSBORO	OWENSBORO DAVIESS CO NH	1	3	3			383 663	174 701
3	OWENSBORO	OWENSBORO DAVIESS CO	1	5		48	1	130 000	376 644
3	OWENSBORO	OUR LADY OF MERCY	1	2	2	69		750 000	380 000
3	OWENSBORO	OWENSBORO DAVIESS CO	1	5	4	99		775 000	380 000
3	OWENTON	OWEN CO MEMORIAL	1	1		31		250 193	166 796
3	OWENTON	OWEN CO MEMORIAL	7	3		8		98 401	48 800
3	PADUCAH	RIVERSIDE HOSP	1	3	1	30		919 577	510 385
3	PARIS	BOURBON COUNTY	1	1		91	1	158 370	368 139
3	PARIS	STATE TB SANATORIUM EQ	2	1	2			198 300	66 433
3	PIKEVILLE	PIKE COUNTY HC	5	1				183 963	96 000
3	PINEVILLE	BELL CO HC	5	1				63 088	48 518
3	PINEVILLE	PINEVILLE COMMUNITY	1	3		41		470 000	235 000
3	PRESTONSBURG	FLOYD CO HC	5	1				120 540	60 270
3	PRINCETON	CALDWELL WAR MEM	1	1		35		402 553	134 185
3	RUSSELLVILLE	LOGAN COUNTY	1	1		52		542 097	180 499
3	RUSSELLVILLE	LOGAN CO HC	3	1				20 770	13 847
3	SALYERSVILLE	MAGOFFIN COUNTY HC	5	1				50 000	35 000
3	SCOTTSVILLE	ALLEN CO WAR MEM	1	1		30		446 883	297 922
3	SHELBYVILLE	SHELBY COUNTY	1	1		80	1	094 873	594 375
3	SMITHLAND	LIVINGSTON CO HC	5	1				44 000	22 000
3	SOMERSET	PULASKI CO HC	5	1				102 000	68 000
3	STANTON	POWELL CO AUX HC	5	1				51 200	35 600
3	TOMPKINSVILLE	MONROE CO WAR MEM	1	1		28		301 583	192 976
3	VERSAILLES	TAYLOR MANOR NRSNG HOME	0	1		47		606 382	302 434
3	WAVERLY HILLS	WAVERLY HILLS TB ASF	2	3	4			134 585	89 722
3	WILLIAMSBURG	WHITLEY CO HC	5	1				75 393	49 859
	LOUISIANA								
3	ALEXANDRIA	ST FRANCIS CABRINI EQ	1	1				279 582	93 194
3	ALEXANDRIA	ALEXANDRIA RAPIDES MU	5	1	1			251 335	160 854
3	AMITE	TANGIPAHOA PARISH HC	5	1				109 808	47 059
3	ARCADIA	BIENVILLE PARISH HC	5	1				39 148	28 051
3	BASTROP	MOREHOUSE PARISH HC	5	1				68 243	33 774
2	BASTROP	MOREHOUSE PARISH HOSP	1	5		68		860 000	480 000
3	BATON ROUGE	BATON ROUGE GENERAL	1	1		275	2	134 623	689 875
2	BATON ROUGE	OUR LADY OF THE LAKE	1	2		80	1	568 900	448 156
2	BATON ROUGE	OUR LADY OF THE LK OTE	9	3				544 105	348 548
3	BOGALUSA	WASH ST TAMMANY CHARITY	1	4	3	70		823 079	274 359
3	BOGALUSA	WASHINGTON PARISH HC	5	1				60 000	38 400
3	BOSSIER CITY	BOSSIER PARISH HC	5	1				62 856	39 844
1	BREAUX BRIDGE	ST MARTIN PARISH HC	5	1				20 000	12 400
3	COUSHATTA	RED RIVER PARISH PHC	5	1				113 188	28 078
3	COVINGTON	ST TAMMANY PARISH	1	1		30		391 387	241 886
3	COVINGTON	ST TAMMANY PARISH HC	5	1				41 131	26 591
3	DERIDDER	BEAUREGARD BAPTIST EQ	1	1				194 368	48 944
3	DONALDSONVILLE	ASCENSION PARISH HC	5	1				44 302	28 353
3	E BATON ROUGE	PARISH MU	5	3	4			68 639	16 471
3	E BATON ROUGE	PARISH MU	5	1				137 089	48 689
1	EDGARD	ST JOHN BAPT PARRISH HC	5	1				38 634	30 149
3	EUNICE	MOOSA MEMORIAL	1	1		36		511 194	318 016
3	FARMERVILLE	UNION PARISH HC	5	1				38 330	23 634
1	FRANKLIN	FRANKLIN FOUNDATION	04	2		12		137 273	74 400
3	FRANKLIN	ST MARY PARISH HOSP	1	1		85		417 470	215 000
2	FRANKLIN	ST MARY PARISH HC	5	1				177 582	33 013
3	GOLDEN MEADOW	GOLDEN MEADOW GENERAL	1	1		25		501 662	285 000
3	GREENSBURG	ST HELENA PARISH HC	5	1				19 583	9 366
3	GREENWELL	GREENWELL SPRINGS TB	2	5		102		682 448	483 582
1	HAMMOND	HAMMOND PONCHATOULA	1	1		60		900 000	480 000
2	HARVEY	WEST BANK HC	5	1				186 926	79 578
3	HOMER	HOMER MEMORIAL	1	1		33		283 807	86 398
3	HOMER	CLAIBORNE PARISH HC	5	1				44 177	28 268
3	HOUMA	TERREBONNE	1	1		100	1	525 298	312 500
3	HOUMA	TERREBONNE PARISH HC	5	1				103 807	46 815
3	JENA	LASALLE PARISH MU	5	1				36 926	22 425
3	JENNINGS	JEFF DAVIS PARISH PHC	5	1				52 140	33 091
1	JONESBORO	JACKSON PARISH HC	5	1				31 113	19 290
3	KENTWOOD	TANGIPAHOA AUX HC	5	1				26 010	9 776
3	LAFAYETTE	OUR LADY OF LOURDES	1	1		50		540 548	158 732
3	LAFAYETTE	LAFAYETTE CHARITY TB	1	2		100	1	065 265	211 842
3	LAFAYETTE	LAFAYETTE WAR MEM HC	5	1				528 847	141 005

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	LAFAYETTE	OUR LADY OF LOURDES	1	5	4	64	1 485 246	614 400
2	LAFAYETTE	REHABILITATION CENTER	6	1			193 000	131 590
2	LAFAYETTE	ST PATRICKS EQ	1	2			70 463	33 487
3	LAKE CHARLES	LAKE CHARLES MEMORIAL	1	1		100	1 951 710	1 311 081
3	LAKE CHARLES	CALCASIEU L CHARLES HU	5	1			274 226	168 408
3	LAKE CHARLES							
3	LAKE PROVIDENC	E CARROLL PARISH HC	5	1			41 556	24 076
1	LEESVILLE	VERNON PARISH HC	5	1			39 474	24 474
2	LIVGSTN DENHAM	LIVINGSTON PARISH HC	5	1			48 700	21 990
2	LK PROVIDENCE	EAST CARROLL PARISH HH	1	1	2	42	484 498	307 082
3	LUTCHER	ST JAMES	1	1		25	373 257	195 000
3	MANDEVILLE	SE LOUISIANA STATE	3	1		468	5 137 876	2 953 736
2	MANDEVILLE	S E LOUISIANA STATE	3	2	4	100	1 405 160	886 060
3	MARKSVILLE	AVOYELLES PARISH PHC	5	1			51 818	31 863
3	MARRERO	WEST JEFFERSON GENERAL	1	1		150	2 827 000	1 440 000
1	MARRERO	WEBSTER PARISH HU	5	1			58 176	19 393
3	MINDEN							
2	MONROE	ST FRANCIS SANITARIUM	C4	2		40	500 000	198 490
2	MONROE	OUACHITA EASTER SEAL RF	6	1			145 946	89 371
3	MONROE	ST FRANCIS SAN	1	2	3	167	2 519 486	487 500
3	MONROE	LAKEWOOD	1	1		46	711 015	359 130
3	MORGAN CITY	ASSUMPTION PARISH HC	5	1			32 771	20 316
1	NAPEONVILLE							
3	NATCHITOCHES	NATCHITOCHES PARISH HU	5	1		60	76 164	25 388
2	NATCHITOCHES	NATCHITOCHES GENERAL	1	1			966 287	595 200
3	NEW IBERIA	IBERIA PARISH HC	5	1			423 692	53 760
3	NEW ORLEANS	ALTON OCHSNER MED FOUND	1	1		250	2 432 568	1 385 000
3	NEW ORLEANS	CRIPPLED CHILDRENS	4	1		52	1 205 091	319 000
2	NEW ORLEANS							
3	NEW ORLEANS	TOURO INFIRMARY	1	2	4	106	2 404 378	714 615
3	NEW ORLEANS	CHARITY HOSP OF LA NH	1	2	2		488 099	313 348
3	NEW ORLEANS	CHARITY HOSPITAL OF LA	1	5		153	510 800	298 500
3	NEW ORLEANS	DEPAUL SANA	3	1		100	1 256 419	418 806
3	NEW ORLEANS	SORAPARU PARK PHC	5	1			55 811	36 877
3	NEW ORLEANS	ORLEANS PARISH HC	5	1			56 144	35 894
3	NEW ORLEANS	FLORIDA AVENUE PHC	5	1			60 778	38 844
2	NEW ORLEANS	EDNA PILSBURY HC	5	1			60 276	37 371
2	NEW ORLEANS	ORLEANS PARISH HC	5	1			63 000	34 650
3	NEW SARPY	ST CHARLES PARISH HC	5	1			31 813	14 183
3	NEWELLTON	LEGION MEMORIAL EQ	1	1			49 909	16 636
3	OAK GROVE	WEST CARROLL PARISH HC	5	1		30	38 385	24 460
3	OPELOUSAS	ST LANDRY PARISH	1	1			991 187	564 081
3	OPELOUSAS	ST LANDRY PARISH PHC	5	1			100 986	61 884
3	PINEVILLE	CENTRAL LA STATE NS	3	2	2		121 999	65 000
2	PINEVILLE	CENTRAL LA STATE	3	3		136	1 000 000	640 001
3	PINEVILLE	CENTRAL LA STATE EQ	3	2			25 846	5 718
3	PLAQUEMINE	IBERVILLE PARISH HC	5	1			59 705	35 074
3	PONCHATOULA	TANGIPAHOA AUX HC	5	1			26 147	11 700
8	PORT SULPHUR	PLAQUEMINES PARISH	1	1		50	1 057 028	480 000
2	RAYNE	RAYNE BRANCH HOSP	1	1		30	561 018	300 000
3	RAYVILLE	RICHLAND PARISH HC	5	1			54 631	33 448
3	RUSTON		1	2	4	7	59 874	19 958
3	RUSTON	RUSTON ASF	1	2	4		11 077	3 693
3	RUSTON	LINCOLN PARISH HC	5	1			58 939	24 510
3	SHREVEPORT	CONFEDERATE MEM MED CTR	1	1		*	8 450 681	533 155
3	SHREVEPORT	CONFEDERATE MEM NS	1	1	4		1 417 418	876 981
2	SHREVEPORT	T E SCHUMPERT MEM SAN	1	8	2	340	6 407 260	1 071 350
2	SHREVEPORT	CADDO SHREVEPORT PHC	5	1			431 000	240 000
2	SHREVEPORT	ST TAMMANY AUX HC	5	1			28 509	18 800
3	SLIDELL							
3	SPRINGHILL	WEBSTER PARISH HU	5	1			52 553	17 510
3	ST MARTINVILLE	ST MARTIN PARISH HC	5	1			35 658	22 017
3	SULPHER	W CALCASIEU CAMERON	1	1		30	663 348	411 493
2	SULPHUR	W CALCASIEU CAMERON STC	9	2			316 744	55 966
3	TALLULAH	MADISON PARISH HOSP	1	1		22	463 240	250 000
3	TALLULAH	MADISON PARISH HC	5	1			58 303	19 434
3	THIBODAUX	ST JOSEPH	1	1		40	461 818	286 064
3	THIBODAUX	LAFOURCHE PARISH PHC	5	1			79 593	51 736
3	THIBODAUX	LAFOURCHE NURSING HOME	5	1		20	151 000	94 938
2	THIBODAUX	EVANGELINE PARISH PHC	5	1			52 050	30 784
3	VILLE PLATTE							
3	VIVIAN	VIVIAN AUX PHC	5	1			30 033	19 202
3	WINNFIELD	WINN PARISH HC	5	1			52 985	17 662
		MAINE						
3	AUGUSTA	AUGUSTA GENERAL	1	5	3	48	343 901	114 634

HEALTH RESEARCH FACILITIES

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
							440 858	115 595
							180 950	45 [illegible]
3	AUGUSTA	AUGUSTA STATE ASF	3	2	4			
3	BANGOR	CHRONIC DISEASE	4	7		31	180 950	45 [illegible]
3	BELFAST	WALDO COUNTY GENERAL	1	1		60	829 850	276 691
8	BELFAST	WEBBER	1	5	3	39	896 964	493 330
3	BIDDEFORD	CALAIS REGIONAL HOSP	1	1	3	44	495 288	263 787
3	CALAIS							[illegible]
			1	5	4	45	582 577	457 000
8	CARIBOU	CARY MEMORIAL	1	1		43	962 136	267 196
8	ELLSWORTH	EASTERN MEMORIAL	1	5	5	36	485 811	664 278
3	FORT FAIRFIELD	COMMUNITY GENERAL	1	1	2	60	1 207 778	115 000
3	FORT KENT	PEOPLES BENEVOLENT	1	2	4	32	231 207	
8	HOULTON	AROOSTOOK GENERAL						90 000
			1	2		32	203 450	226 220
8	HOULTON	MADIGAN MEMORIAL	1	5	4	37	678 659	349 661
3	LEWISTON	CENTRAL MAINE GENERAL	1	1		•	827 875	51 879
3	MILLINOCKET	MILLINOCKET COMM	4	2		16	94 325	798 009
3	PORTLAND	PORTLAND CITY	1	2	3	82	1 450 927	
3	PORTLAND	MERCY						300 000
			1	5	4	82	657 210	155 589
8	PORTLAND	THE OSTEOPATHIC HOSP	9	2			3 189 726	600 000
8	PORTLAND	MAINE MED CENTER DTC	1	1		74	1 346 326	238 000
1	PRESQUE ISLE	ARTHUR R GOULD MEM	1	5	4	40	780 383	67 724
3	ROCKLAND	KNOX CO GENERAL	9	2			135 448	
2	ROCKLAND	KNOX CO GENERAL DTC						190 000
			G4	2		34	380 000	626 731
2	WATERVILLE	THAYER HOSP	1	1	3	63	1 139 510	106 000
3	WATERVILLE	THAYER HOSP	9	5			212 000	220 000
8	WATERVILLE	THAYER HOSP DTC	1	4		27	440 000	
8	YORK	YORK HOSP						
	MARYLAND							
							177 473	78 088
3	ANNAPOLIS	ANNE ARUNDEL GEN ASF	1	2	4		1 401 301	431 200
3	ANNAPOLIS	ANNE ARUNDEL GEN	1	2	3	90	418 528	151 042
3	ANNAPOLIS	ANNE ARUNDEL HC	5	1			2 535 318	425 000
8	AYONDALE	CARROLL MANOR	Q	1		110	750 000	250 000
8	BALTIMORE	MONTEBELLO STATE	G4	2		180		
							661 000	20 167
		SOUTHERN HEALTH DEPT EQ	5	1		•	3 796 680	523 144
3	BALTIMORE	U OF MD PSYCH UNIT	1	2	3		2 773 144	523 144
3	BALTIMORE	TB UNIT BALTIMORE CITY	1	2		294	145 668	48 556
3	BALTIMORE	FRANKLIN SQUARE ASF	1	2	4		209 514	52 074
3	BALTIMORE	PROVIDENT	1	2	4	12		
3	BALTIMORE						331 542	9 395
		SOUTH BALTIMORE GEN EQ	1	2		•	2 299 108	475 085
3	BALTIMORE	MARYLAND GENERAL	1	2	4		919 362	298 865
3	BALTIMORE	JOHNS HOPKINS HOSP ASF	1	3	4		1 320 151	447 433
3	BALTIMORE	MT PLEASANT RAM	2	1		60	348 692	7 393
3	BALTIMORE	SE HEALTH DIST BLDG EQ	5	8				
3	BALTIMORE						1 127 988	23 956
		EASTERN HEALTH DIST EQ	5	1			100 440	33 056
3	BALTIMORE	STATE BACTERIOLOGY LAB	8	5	4		248 950	61 000
3	BALTIMORE	JEWISH CONV HOME	0	2		34	1 688 999	558 991
8	BALTIMORE	UNIVERSITY HOSP ASF	1	5	4		17 050 803	478 962
8	BALTIMORE	JEWISH MEDICAL CTR ASF	1	2	4			
8	BALTIMORE						375 000	125 000
		MONTEBELLO STATE RF	6	2			1 025 794	250 000
8	BALTIMORE	JEWISH MEDICAL CTR DTC	9	2			568 000	189 333
8	BALTIMORE	JOHN HOPKINS HOSP	1	5		•	7 680 000	525 872
1	BALTIMORE	ST AGNES HOSP NH	1	1	5		8 000 000	525 871
1	BALTIMORE	MERCY HOSP	1	4		415		
1	BALTIMORE						811 700	270 567
		JOHNS HOPKINS HOSP DTC	9	2			200 802	47 814
1	BALTIMORE	HEALTH AND WELFARE CTR	5	1			1 543 676	479 112
3	BEL AIR	SUBURBAN HOSPITAL	1	5	4	75	416 000	135 600
2	BETHESDA	CAMBRIDGE MD HOSP ASF	1	5	4		98 003	32 001
2	CAMBRIDGE	QUEEN ANNES CO MEM HC	5	1				
2	CENTREVILLE						167 541	55 847
		KENT AND QUEEN ANNES	1	5		28	84 114	27 897
3	CHESTERTOWN	KENT CO HC	5	1			750 296	229 165
3	CHESTERTOWN	KENT AND QUEEN ANNES	1	5	4	30	1 264 298	413 650
8	CHESTERTOWN	PRINCE GEORGES GEN	1	2		128	446 100	148 700
3	CHEVERLY	PRINCE GEORGES CO HC	5	1				
3	CHEVERLY						18 360	6 120
		EDW M MCCREADY MEM ASF	1	2	4		159 349	70 113
2	CRISFIELD	CUMBERLAND MEMORIAL	1	2		8	63 724	26 521
3	CUMBERLAND	CAROLINE CO HC	5	1			1 596 349	510 360
3	DENTON	MEMORIAL HOSPITAL	1	5		86	1 058 670	325 590
3	EASTON	UNION HOSP OF CECIL CO	1	2	4	28		
2	ELKTON						792 670	348 775
		FREDERICK MEMORIAL	1	5	5	44	1 836 762	435 150
3	FREDERICK	WASHINGTON CO	1	5	4	139	840 610	478 085
3	HAGERSTOWN	WESTERN MARYLAND STATE	4	1		296	190 565	8 188
2	HAGERSTOWN	COFFMAN HC EQ	5	1			58 124	25 574
2	HAGERSTOWN		5	1				
3	HAVRE DE GRACE	HAVRE DE GRACE AUX PHC						

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	HAVRE DE GRACE	HARFORD MEMORIAL	1	5		49	1 039 800	314 300
1	LA PLATA	PHYSICIANS MEMORIAL	1	5	4	26	228 300	76 100
3	LEONARDTOWN	ST MARYS	1	5	4	31	638 354	211 884
3	LEONARDTOWN	ST MARYS CO BLDG MC	5	1			140 418	38 435
3	OAKLAND	GARRETT CO MEM	1	5	4	18	338 692	112 897
3	OAKLAND	GARRETT CO MEMORIAL	7	1		34	533 183	177 798
3	PRINCE FRED	CALVERT CO HOSP	1	1		*	788 260	305 378
3	ROCKVILLE	CHRIST CHILD CONV	4	1		54	439 905	171 778
3	SALISBURY	THE PENINSULA GEN	1	5	4	76	1 161 182	503 534
3	WESTMINSTER	CARROLL CO WAR MEM MC	5	1			160 670	70 698
	MASSACHUSETTS							
							1 467 000	350 000
2	AMHERST	WESTERN MASS MC	5	1	6		879 938	114 771
3	ARLINGTON	SYMMES ARLINGTON ASF	1	3	1		779 454	259 818
3	ATHOL	ATHOL MEMORIAL	1	1		48	1 396 815	350 000
2	ATTLEBORO	STURDY MEMORIAL	1	5	4	95	288 727	120 894
3	AYER	COMMUNITY MEMORIAL	1	5	1	18		
							2 265 584	34 834
2	BEVERLY	BEVERLY HOSP DTC EQ	9	5			330 000	132 000
2	BOSTON	PETER BENT BRIGHAM	04	2	1		818 374	272 791
3	BOSTON	MASS EYE AND EAR INFIRM	1	5		*	691 695	287 832
3	BOSTON	THE CHILDRENS HOSP	1	5		64	3 574 036	409 018
3	BOSTON	NEW ENGLAND DEACONESS	1	5	4	*		
							8 194 238	250 000
3	BOSTON	CARNEY HOSP EQ	1	1			204 799	81 816
3	BOSTON	NEW ENGLAND CENTER ASF	1	3	1		234 982	43 114
3	BOSTON	THE CHILDRENS HOSP ASF	1	2	4		838 080	275 000
3	BOSTON	BETH ISRAEL EQ	1	2	4		78 788	38 303
3	BOSTON	BOSTON LYING IN ASF	1	3	3			
						34	285 858	95 886
3	BOSTON	PETER BENT BRIGHAM	1	5			171 483	70 308
3	BOSTON	PETER BENT BRIGHAM ASF	1	5	4		674 077	74 467
3	BOSTON	JUDGE BAKER GUID DTC	9	1			294 809	250 000
2	BOSTON	MASSACHUSETTS GEN ASF	1	4	1		574 144	101 640
2	BOSTON	BOSTON LYING IN ASF	1	5	4			
						32	530 609	31 888
2	BOSTON	JUDGE BAKER GUID CTR	3	1			050 159	400 000
2	BOSTON	REHAB INSTITUTE	6	2			280 902	112 361
2	BRIGHTON	JOSEPH P KENNEDY JR ASF	4	2	1		001 559	116 635
3	BRIGHTON	ST ELIZABETH EQ	1	5			989 042	425 888
3	BROCKTON	BROCKTON	1	5	4	41		
							453 584	76 596
2	BROCKTON	BROCKTON HOSP DTC	9	2			558 390	189 853
3	BROOKLINE	BROOKLINE PMC	8	1			478 939	250 000
2	BRODKLINE	ALLERTON HOSP	1	1		60	661 184	220 395
3	CLINTON	CLINTON	1	4		77	723 708	301 384
3	CONCORD	EMERSON	1	5	4	60		
							757 769	250 000
3	DANVERS	HUNT MEMORIAL	1	1		45	004 562	118 544
2	DORCHESTER	ST MARGARETS ASF	1	5	4		950 000	250 000
1	EVERETT	WHIDDEN MEMORIAL	1	5		56	319 447	137 361
2	FALL RIVER	ST ANNES	1	5	4	61	489 176	250 000
2	FALL RIVER	THE UNION HOSP	1	5		60		
							190 435	50 000
2	FALL RIVER	THE UNION HOSP DTC	9	2			827 564	250 000
1	FALL RIVER	TRUESDALE HOSP	1	5		72	180 481	250 000
3	FITCHBURG	BURBANK HOSP	1	2		114	388 819	250 000
3	FRAMINGHAM	FRAMINGHAM UNION	1	5	4	121	640 017	241 350
3	GARDNER	HENRY HEYWOOD MEM ASF	1	5	4			
						51	840 649	300 000
2	GLOUCESTER	ADDISON GILBERT HOSP	1	5	4	102	998 756	399 502
3	GREENFIELD	FRANKLIN CO PUBLIC	1	5	4	41	575 584	184 844
3	GROTON	COMMUNITY	1	1		74	911 936	250 000
1	HAVERHILL	HALE HOSP	1	5		50	558 665	248 479
3	HOLDEN	HOLDEN DISTRICT	1	5				
						121	1 186 762	250 000
3	HOLYOKE	HOLYOKE CITY HOSPITAL	4	1		157	1 641 717	400 160
3	HOLYOKE	HOLYOKE HOSP	1	5	1	220	6 344 657	250 000
2	HOLYOKE	PROVIDENCE HOSP	1	1		*	1 109 928	151 666
3	HYANNIS	CAPE COD	1	5	4	21	207 140	73 704
2	IPSWICH	STEPHEN CALDWELL MEM	0	1				
							248 831	104 509
2	JAMICA PLAIN	HYAMS LABORATORY	8	2			577 179	116 093
2	LAWRENCE	LAWRENCE GENERAL	1	5		41	334 769	133 907
2	LAWRENCE	LAWRENCE GENERAL DTC	9	5			995 665	250 000
3	LOWELL	ST JOSEPHS HOSP	1	3		59	597 119	250 000
3	LOWELL	LOWELL GENERAL	1	5	4	74		
							1 306 870	250 000
3	LYNN	UNION	1	1	1	75	1 197 801	250 000
3	LYNN	LYNN HOSP	1	5		123	790 920	250 000
3	MALDEN	MALDEN HOSP	1	2	1	39		

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	MARLBOROUGH	MARLBOROUGH	1	5	4	*	965 000	484 600
3	MEDFORD	LAWRENCE MEMORIAL NH	1	5	5	66	847 360	364 365
3	METHUEN	DON SECOURS EQ	1	1	3		2 506 659	276 637
3	MILTON	MILTON HOSP AND CONV HM	1	1	3	83	1 015 563	864 419
3	NANTUCKET	NANTUCKET COTTAGE HOSP	1	4		*	1 096 504	975 000
3	NATICK	LEONARD MORSE HOSP	1	5	4	70	766 631	350 000
3	NEEDHAM	GLOVER MEMORIAL	1	5	4	53	922 861	306 587
3	NEW BEDFORD	ST LUKES	1	5	4	107	2 437 741	800 000
3	NEWBURYPORT	ANNA JAQUES	1	5	4	*	708 833	883 184
3	NEWTON	NEWTON WELLESLEY HOSP	1	5		61	672 900	350 000
3	NORTH ADAMS	NORTH ADAMS HOSP	1	4	2	123	1 802 651	350 000
3	NORWOOD	NORWOOD HOSP	1	5		*	484 586	128 940
3	NORWOOD	NORWOOD HOSP	1	5	4	50	404 418	131 060
3	OAK BLUFFS	MARTHAS VINEYARD	1	5	4	11	189 724	58 839
3	PALMER	WING MEMORIAL	1	1		42	818 131	368 159
3	POCASSET	BARNSTABLE CO SAN	2	2		36	759 443	287 598
1	QUINCY	QUINCY CITY HOSP	1	5	4	105	2 000 000	350 000
3	QUINCY	QUINCY HC	5	1			521 373	173 791
3	ROXBURY	JEWISH MEMORIAL	4	5	1	36	726 257	287 925
3	SALEM	SALEM HOSPITAL	1	6	1	60	1 225 196	350 000
3	SOUTH WEYMOUTH	SOUTH SHORE	1	5	4	40	675 498	322 943
3	SOUTHBRIDGE	HARRINGTON MEMORIAL	1	5		43	879 537	350 000
3	SPRINGFIELD	SPRINGFIELD MUNICIPAL	4	1		*	6 320 000	350 000
3	SPRINGFIELD	WESSON MATERNITY	1	1		81	1 774 464	350 000
1	SPRINGFIELD	SPRINGFIELD HOSP	1	2		183	1 829 500	350 000
3	STONEHAM	NEW ENGLAND SANITARIUM	1	2		132	903 080	347 637
3	STOUGHTON	GODDARD MEMORIAL	1	1		56	1 411 863	350 000
3	TAUNTON	MORTON HOSPITAL	1	5	4	69	1 188 986	350 000
3	WALTHAM	WALTHAM HOSP	1	5	4	58	1 455 733	300 000
3	WARE	MARY LANE	1	5	1	20	448 478	112 195
3	WEBSTER	WEBSTER DISTRICT HOSP	1	1	4	40	843 192	349 999
3	WESTFIELD	NOBLE HOSP	1	4		103	1 764 134	350 000
3	WESTFIELD	NOBLE HOSP DTC	9	4			210 585	83 916
3	WINCHESTER	WINCHESTER	1	5	4	42	907 587	353 959
3	WOBURN	CHARLES CHOATE MEM	1	5	4	34	414 250	161 557
3	WORCESTER	WORCESTER HAHNEMANN ASF	1	2	4		1 145 882	350 000
3	WORCESTER	ST VINCENT EQ	1	1			7 832 200	350 000
3	WORCESTER	FAIRLAWN	1	2		83	195 158	55 921
	MICHIGAN							
3	ADRIAN	EMMA L BIXBY	1	1		124	1 715 744	626 933
3	ALBION	JAMES P SHELDON MEM	1	5	4	28	504 051	176 418
3	ALMA	GRATIOT COMMUNITY	1	1		80	919 235	435 016
3	ALPENA	ALPENA GENERAL	1	5	4	70	1 386 366	558 154
3	ALPENA	ALPENA GENERAL DTC	9	5	1		104 594	41 838
3	ANN ARBOR	WASHTENAW CO HLTH DEPT	5	1			3 243 981	75 448
3	BAD AXE	HURON COMM HC	0	2	4	33	375 500	143 201
3	BENTON HARBOR	MERCY	1	5	1	87	1 591 776	482 945
3	CHARLEVOIX	CHARLEVOIX	1	1		44	583 033	308 167
3	CHARLOTTE	HAYES&GREEN BEACH	1	2	4	41	689 806	334 041
3	DEARBORN	OAKWOOD	1	1		*	8 420 000	1 442 300
3	DETROIT	REHAB INST OF DETROIT	64	2		75	1 330 027	296 064
3	DETROIT	HOLY CROSS HOSP	1	5	4	60	723 500	253 225
3	DETROIT	EVANGELICAL DEACONESS	1	2	6		1 263 424	32 878
3	DETROIT	REHAB INST OF DETROIT	6	2			1 745 242	306 390
3	DETROIT	CHILDRENS HOSP DTC	9	2			337 004	118 585
3	DOWAGIAC	LEE MEMORIAL	1	1		62	1 186 417	580 000
3	FLINT	MCLAREN GENERAL	1	1		151	2 741 403	902 801
3	FLINT	FLINT HEALTH CENTER	8	1			6 277 566	203 724
3	FLINT	HURLEY HOSP	1	5	4	*	3 698 760	251 408
3	FRANKFORT	PAUL OLIVER MEMORIAL	1	1		29	512 658	280 426
3	FREMONT	GERBER MEM	1	5	4	44	697 719	343 620
3	GAYLORD	OTSEGO CO MEMORIAL	1	1		32	314 923	147 071
3	GAYLORD	NORTH MICH TB SAN	2	5	3	50	533 086	236 433
3	GRAND HAVEN	GRAND HAVEN MUNICIPAL	1	5	4	17	415 690	56 430
3	GRAND RAPIDS	MARY FREE BED GUILD	1	5	4	13	304 900	137 205
3	GRAND RAPIDS	BUTTERWORTH HOSP NH	1	6	6		564 750	201 240
3	GRAYLING	MERCY HOSPITAL	1	1		49	981 968	457 533
3	GREENVILLE	UNITED MEMORIAL	1	1		70	1 120 027	557 950
3	HANCOCK	ST JOSEPHS	1	1	3	160	2 499 990	833 330
3	HANCOCK	TB SANATORIUM	3	1		100	997 641	399 494

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED SHARE
3	MART	OCEANA HOSP	1	1		32	446 949	243 510
3	HASTINGS	PENNOCK	1	5		22	487 618	162 871
2	HASTINGS	THORNAPPLE VALLEY HOME	0	1		103	822 429	87 000
2	HASTINGS	PENNOCK	1	2		24	273 580	100 000
2	HASTINGS	PENNOCK DTC	9	2			34 798	17 399
2	HIGHLAND PARK	HIGHLAND PARK GEN PHC	5	2			57 079	19 407
2	HIGHLAND PARK	HIGHLAND PARK GEN DTC	9	2			126 921	50 768
3	HOLLAND	HOLLAND CITY	1	5	4	24	329 265	94 956
2	HOLLAND	HOLLAND CITY	1	5	4	56	1 416 341	476 089
2	HOWELL	MCPHERSON COMM PHC	7	1		88	1 367 900	525 000
3	IONIA	IONIA CO MEMORIAL	1	1		50	842 957	461 054
3	IRON MOUNTAIN	DICKINSON CO MEMORIAL	1	1		48	926 953	463 476
2	JACKSON	MERCY HOSP	1	5		*	2 499 467	350 000
2	KALAMAZOO	BRONSON METHODIST	G4	3		51	403 898	801 437
3	KALAMAZOO	BRONSON METHODIST NH	1	2	5		1 343 396	330 083
3	KALAMAZOO	KALAMAZOO STATE	3	2		128	576 076	256 984
2	KALAMAZOO	BORGESS HOSP	1	5	4	*	1 904 541	114 261
3	KALKASKA	KALKASKA CO HC	7	1		10	177 110	106 866
3	LAKE	BARAGA CO MEMORIAL	1	1		36	587 785	352 311
2	LANSING	EDWARD W SPARROW HOSP	1	5		*	1 979 916	342 390
1	LANSING	MCLAUGHLIN OSTEOPATHIC	1	1		86	1 366 213	275 000
3	LAPEER	LAPEER COUNTY	1	1	4	52	983 406	468 756
2	LAPEER	LAPEER CO GENERAL	1	2		35	744 361	203 446
1	LIVONIA	ST MARYS HOSP	1	1		174	3 396 500	700 000
3	MANISTEE	MERCY	1	2		56	793 300	258 748
3	MANISTIQUE	SCHOOLCRAFT MEMORIAL	1	1		32	392 181	130 707
3	MARLETTE	MARLETTE COMMUNITY	1	1		22	290 289	138 430
3	MARLETTE	MARLETTE COMM HOSP EQ	1	2	4		13 330	6 665
2	MARLETTE	MARLETTE COMM HOSP	1	5		20	172 088	80 732
2	MARQUETTE	ST MARYS	1	6	4	80	1 470 019	600 000
3	MARSHALL	OAKLAWN	1	1	1	47	704 737	344 664
3	MENOMINEE	MARSHALL & LLOYD CLINIC	1	2		72	846 369	282 123
3	MENOMINEE	ST JOSEPH ASF	1	5	4		203 440	90 000
3	MOUNT CLEMENS	MOUNT CLEMENS GEN	1	1		100	1 402 000	494 740
2	MT CLEMENS	MACOMB CO HC	5	1			458 873	166 980
3	MUSKEGON	MERCY	1	2	1	*	1 930 101	727 141
2	MUSKEGON	MUSKEGON OSTEOPATHIC	1	2	4	41	674 090	230 374
2	MUSKEGON	HACKLEY HOSP	1	5	4	*	1 916 737	400 000
3	NILES	PAWATING HOSP	1	5	4	45	934 200	133 307
3	PAW PAW	LAKEVIEW COMMUNITY	1	1		45	425 812	145 351
3	PONTIAC	OAKLAND CO HC	5	1			313 615	105 196
2	PONTIAC	PONTIAC GENERAL DTC	9	5			214 730	85 892
3	PORT HURON	PORT HURON HOSP	1	2		88	700 246	237 040
3	PORT HURON	MERCY	1	1		100	2 078 454	750 960
2	PORT HURON	ST CLAIR CO HC	5	1			211 200	71 808
3	ROGERS CITY	ROGERS CITY	1	1		27	458 390	152 797
3	SAGINAW	ST LUKES	1	1	3	141	2 107 278	702 426
2	SAGINAW	ST LUKES HOSP NH	1	5	2	75	710 790	107 838
3	SAULT ST MARIE	CHIPPEWA CO WAR MEM ASF	1	2	4		80 440	44 242
2	SAULT ST MARIE	CHIPPEWA CO WAR MEM	1	5		54	613 469	257 260
3	SOUTH HAVEN	SOUTH HAVEN	1	5		31	222 413	101 890
3	ST IGNACE	STRAITS HOSP AND HC	7	1		19	293 129	175 786
3	ST JOSEPH	ST JOSEPHS	1	1	3	104	1 901 316	633 772
3	STURGIS	STURGIS MEMORIAL	1	2	4	28	541 959	180 653
3	TAWAS CITY	TAWAS	1	1	1	38	668 668	365 816
3	THREE RIVERS	THREE RIVERS	1	5	4	31	469 404	234 702
3	THREE RIVERS	THREE RIVERS HOSP	1	5		15	80 400	24 120
3	TRAVERSE CITY	JAMES DECKER MUNSON	1	5	4	64	1 477 552	649 550
3	TRENTON	RIVERSIDE OSTEOPATHIC	1	2	4	36	727 347	261 569
2	WAKEFIELD	DIVINE INFANT HOSP	1	5	4	42	783 727	409 291
3	WAYNE	ANNAPOLIS HOSPITAL	1	1		124	2 908 952	800 000
3	WEST BRANCH	TOLFREE MEM	1	5	4	16	384 165	175 614
3	YALE	YALE COMM HOSP	1	1		86	385 435	180 240
	MINNESOTA							
3	AITKIN	AITKIN COMM	1	1		36	523 197	231 864
3	ANOKA	ANOKA STATE	3	2		60	1 237 273	553 190
3	APPLETON	APPLETON MUNICIPAL	1	4		20	391 976	176 208
3	BAGLEY	CLEARWATER CO MEMORIAL	1	1		30	331 160	110 387
3	BAUDETTE	BAUDETTE MUNICIPAL	1	1		21	333 279	110 223
1	BEMIDJI	BEMIDJI LUTHERAN HOSP	1	2		*	800 000	360 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	BENSON	SWIFT COUNTY BENSON EQ	1	1			371 611	37 973
3	BLUE EARTH	COMMUNITY MEMORIAL	1	1		32	454 695	151 565
3	BRAINERD	ST JOSEPHS	1	1		139	2 079 922	925 565
3	BRECKENRIDGE	ST FRANCIS AND NH	1	1	2	123	2 175 536	971 254
3	BUFFALO	BUFFALO MEMORIAL	1	1		28	358 696	160 518
1	BUFFALO	BUFFALO MEMORIAL	1	5		18	169 614	76 326
3	CAMBRIDGE	MEMORIAL HOSP	1	1		30	411 913	184 723
3	CHISAGO CITY	CHISAGO LAKES HOSP	1	1		25	453 184	200 812
2	CLOQUET	COMMUNITY MEMORIAL	1	1		76	1 651 666	566 677
1	COOK	COOK COMMUNITY HOSP	1	1		18	340 000	153 000
3	CROOKSTON	ST FRANCIS EQ	1	1			1 865 793	79 282
3	CROOKSTON	BETHESDA	1	1		68	1 047 569	460 813
2	DETROIT LAKES	ST MARYS HOSP	1	5		•	1 379 650	614 858
3	DULUTH	ST LUKES INFIRMARY	4	1		150	1 161 961	387 320
3	DULUTH	ST LUKES HOSP EQ	1	5			2 429 058	13 076
2	DULUTH	ST MARYS HOSP	1	2	4	134	1 152 764	510 688
3	FERGUS FALLS	LAKE REGION HOSP	1	2	4	50	1 245 505	560 477
3	GLENWOOD	GLENWOOD COMM	1	5	4	25	890 785	130 853
2	GRAND MARAIS	NORTH SHORE HOSP	1	1		12	350 000	157 500
3	GREENBUSH	GREENBUSH COMMUNITY	1	1		19	250 585	74 948
2	HALLOCK	KITTSON WAR VETERANS	1	1		30	539 677	242 855
3	HASTINGS	SALVE REGINA	1	1		50	1 000 278	450 125
2	HENDRICKS	HENDRICKS COMMUNITY	1	1		30	417 017	187 086
2	KARLSTAD	KARLSTAD MEMORIAL	1	5	4	7	188 674	75 600
3	LITCHFIELD	MEEKER COUNTY	1	1		62	864 758	388 965
3	LONG PRAIRIE	LONG PRAIRIE MEMORIAL	1	1		30	539 934	242 870
3	MADISON	MADISON	1	1		30	559 513	250 683
2	MAHNOMEN	MAHNOMEN CO AND VILLAGE	1	1		25	483 810	189 000
2	MINNEAPOLIS	FAIRVIEW HOSP	24	2		44	710 935	238 675
3	MINNEAPOLIS	VARIETY CLUB HEART	4	1		78	1 400 507	381 672
3	MINNEAPOLIS	MAYO MEM MED CTR	1	5		•	12 153 405	2 000 000
3	MINNEAPOLIS	U OF MINN HLTH SERVICE	5	1			905 816	295 853
3	MINNEAPOLIS	MASONIC MEMORIAL	0	1		80	1 202 379	202 379
2	MINNEAPOLIS	FAIRVIEW HOSP	1	2		34	494 040	185 000
2	MINNEAPOLIS	MINNEAPOLIS PHC	5	1			1 451 209	582 121
2	MINNEAPOLIS	ELIZABETH KENNY REHAB	6	5			1 358 407	202 379
2	MINNEAPOLIS	MINNEAPOLIS DTC	9	1			975 509	191 000
2	MOORHEAD	ST ANSGAR HOSP	1	1		116	2 048 276	254 789
3	MORRIS	STEVENS COUNTY MEMORIAL	1	1		58	552 742	245 092
3	NEW PRAGUE	COMMUNITY MEMORIAL	1	1		38	435 489	193 262
3	OLIVIA	THE RENVILLE COUNTY	1	1		41	403 248	133 306
3	ORTONVILLE	ORTONVILLE MUNICIPAL	1	1		30	378 275	169 801
3	PAYNESVILLE	PAYNESVILLE COMM	1	1		25	442 738	199 232
3	PELICAN RAPIDS	PELICAN VALLEY HE	1	1		23	263 730	118 679
1	PERHAM	PERHAM MEMORIAL	1	4		35	500 000	225 000
3	RED LAKE FALLS	ST JOHNS	1	1		20	416 023	186 337
3	REDWOOD FALLS	REDWOOD FALLS	1	4		41	538 862	241 851
3	ROCHESTER	ROCHESTER PHC	5	1			274 714	91 439
3	RUSH CITY	RUSH CITY HOSP	1	5	4	21	343 465	118 125
3	SANDSTONE	PINE COUNTY MEM	1	1		25	435 200	195 840
3	SAUK CENTRE	ST MICHAELS	1	1		50	760 971	253 657
3	SHAKOPEE	ST FRANCIS	1	1		50	829 144	364 906
3	SLAYTON	MURRAY COUNTY MEMORIAL	1	1		48	452 234	150 745
3	ST CLOUD	ST CLOUD HOSP	1	5	2	40	633 510	282 973
3	ST PAUL	CHARLES T MILLER	1	5	4	54	545 318	243 444
3	ST PAUL	ST JOHNS	1	5		•	1 835 072	330 393
2	ST PAUL	ST PAUL HEALTH CTR	5	1			611 638	243 535
2	ST PAUL	ST PAUL HEALTH CTR DTC	9	1			421 334	109 000
1	ST PAUL	BETHESDA LUTHERAN	0	1		109	935 948	229 277
1	STAPLES	STAPLES MUNICIPAL	1	5	4	18	280 400	126 180
3	THIEF RIVER FA	NORTHWESTERN	1	5	4	64	1 030 774	456 630
3	TWO HARBORS	LAKEVIEW MEMORIAL	1	1		37	732 828	315 977
2	TYLER	TYLER MUNICIPAL	1	1		34	437 511	192 830
3	VIRGINIA	VIRGINIA MUNICIPAL EQ	1	5	4		1 612 500	112 500
1	WADENA	WESLEY HOSP ASF	1	5	4		200 000	90 000
2	WARREN	WARREN HOSP	1	1		37	677 086	283 500
3	WELLS	VILLAGE OF WELLS HOSP	1	1		32	331 751	110 583
3	WHEATON	WHEATON COMMUNITY	1	1		22	251 008	93 429
3	WILLMAR	RICE MEMORIAL	1	5	4	40	885 321	398 394
3	WORTHINGTON	WORTHINGTON MUNICIPAL	1	1		54	682 922	227 141
3	WORTHINGTON	WORTHINGTON MUNICIPAL	1	2	4	26	314 004	140 972

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
	MISSISSIPPI							
3	ABERDEEN	MONROE COUNTY PHC	5	1			56 386	37 551
3	ACKERMAN	CHOCTAW CO COMM	1	1		25	282 014	185 808
3	ACKERMAN	CHOCTAW CO HC	5	1			61 615	41 010
3	ACKERMAN	MONROE CO BR AUX HC	5	1			33 391	22 860
3	AMORY	GILMORE MEMORIAL	1	1		50	750 100	500 000
1	AMORY							
3	ASHLAND	ASHLAND CLINIC	7	1		6	122 456	80 074
3	BATESVILLE	PANOLA CO HC	5	1			2 068	1 374
1	BAY ST LOUIS	HANCOCK COUNTY HOSP	1	1		30	471 200	305 400
3	BELZONI	HUMPHREYS COUNTY MEM	1	1		40	334 905	108 818
3	BOONEVILLE	NE MISSISSIPPI	1	1	2	50	600 973	195 638
3	BOONEVILLE	NORTHEAST MISS HOSP	1	2		30	187 274	120 000
3	BRANDON	RANKIN COUNTY PHC	5	1			31 009	10 303
3	BROOKHAVEN	LINCOLN CO HC	5	1			74 345	49 563
3	CANTON	KINGS DAUGHTERS	1	3		29	420 870	280 446
3	CARROLLTON	CARROLL COUNTY PHC	7	1		3	52 893	17 631
							6 000	4 000
3	CARROLLTON	CARROLL COUNTY PHC	7	1			513 299	161 666
3	CARTHAGE	LEAKE CO MEM	1	1	2	50	506 605	330 937
3	CENTREVILLE	FIELD MEMORIAL	1	1		50	587 460	386 440
3	CHARLESTON	TALLAHATCHIE CO HOSP	1	1		40	283 055	806 149
3	CLARKSDALE	COAHOMA CO HOSP	1	1	2	100	1	
2	CLARKSDALE	COAHOMA CO HOSP	1	2		90	231 123	154 088
2	CLARKSDALE	COAHOMA CO HC	5	1			137 930	73 315
2	CLARKSDALE	COAHOMA CO HOSP DTC	9	2			101 877	67 918
3	CLEVELAND	BOLIVAR COUNTY PHC	5	1			102 531	32 594
3	COLLINS	COVINGTON COUNTY	1	1		85	220 882	144 338
3	COLUMBIA	MARION CO GEN HOSP	1	1	2	80	847 974	280 731
3	COLUMBUS	LOWNDES COUNTY HC	5	1			87 299	58 199
3	COLUMBUS	ALCORN COUNTY HC	5	1			65 451	37 641
3	CORINTH	KEMPER CO HOSP	1	1		25	228 611	74 698
3	DEKALB	KEMPER CO HOSP NH	1	2	2		62 135	41 483
3	DEKALB	KEMPER CO HOSP	1	2		10	82 200	54 800
3	DURANT	DIST 2 COMM	1	1		25	253 924	82 878
3	DURANT	HOLMES COUNTY AUX HC	5	1			12 639	8 426
3	ELLISVILLE	ELLISVILLE MUN CLINIC	7	1		8	81 884	26 747
3	FAYETTE	JEFFERSON CO HC	5	1			55 118	36 746
3	FOREST	SE LACKEY MEM	1	1	1	47	413 773	138 524
3	FOREST	SCOTT COUNTY PHC	5	1			65 125	43 416
3	GLOSTER	GLOSTER CLINIC	7	1		4	50 029	14 843
3	GREENVILLE	WASHINGTON CO	1	1		200	2 100 944	1 384 419
3	GREENVILLE	WASHINGTON COUNTY PHC	5	1			182 802	40 898
3	GREENWOOD	GREENWOOD LEFLORE	1	4		135	1 726 948	1 143 300
3	GREENWOOD	LEFLORE COUNTY HC	5	1			148 027	45 807
2	GREENWOOD	GREENWOOD LEFLORE	1	5	4	55	525 473	203 698
2	GREENWOOD	GREENWOOD LEFLORE DTC	9	5			128 577	84 682
3	GULFPORT	MEMORIAL HOSPITAL	1	1		139	1 640 541	743 033
3	HATTIESBURG	FORREST COUNTY	1	1	2	100	1 303 701	859 984
3	HAZELHURST	HARDY WILSON MEMORIAL	1	1		50	682 528	224 114
3	HICKORY FLAT	HICKORY CLINIC AUX HC	5	1			31 793	21 196
3	HOLLY SPRINGS	MARSHALL COUNTY HC	5	1			56 679	37 786
2	HOUSTON	HOUSTON HOSPITAL	1	1		64	955 509	627 667
2	HOUSTON	HOUSTON HOSPITAL DTC	9	1			24 900	16 600
3	INDIANOLA	SO SUNFLOWER CO	1	1		56	453 813	280 009
3	INDIANOLA	SUNFLOWER COUNTY HC	5	1			67 400	22 467
3	INVERNESS	SUNFLOWER CO BR AUX HC	5	1			14 077	9 385
1	IUKA	TISHOMINGO CO HOSP	1	1		20	302 500	200 000
3	JACKSON	UNIV TEACHING HOSP	1	1	3	350	5 000 000	3 000 000
2	JACKSON	FELIX J UNDERWOOD LAB	8	1			1 382 861	339 693
3	KILMICHAEL	KILMICHAEL CLINIC	7	1		6	114 119	65 789
3	KOSCIUSKO	ATTALA COUNTY PHC	5	1			53 560	17 853
1	KOSCIUSKO	MONTFORT JONES MEM	1	1		65	995 700	650 850
3	LAUREL	JONES COUNTY	1	1	2	105	1 188 725	775 817
3	LEAKESVILLE	GREENE COUNTY	1	1		25	235 536	77 950
3	LEXINGTON	HOLMES CO COMMUNITY	1	2		16	216 454	144 888
3	LEXINGTON	HOLMES COUNTY HC	5	1			46 266	15 422
3	LOUISVILLE	WINSTON COUNTY PHC	5	1			61 628	20 543
2	LOUISVILLE	WINSTON CO COMMUNITY	1	1		50	697 150	459 900
3	LUCEDALE	GEORGE COUNTY	1	1		30	272 217	88 105
2	LUCEDALE	GEORGE CO HC	5	4			68 048	44 499
3	MACON	NOXUBEE CO COMMUNITY	1	1	2	41	612 931	400 887
3	MADISON	BRANCH AUX HC	5	1			843	568
3	MEADVILLE	FRANKLIN CO MEML HOSP	1	1		30	269 537	87 790

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	MEADVILLE	FRANKLIN COUNTY PHC	5	1			43 286	14 379
3	MENDENHALL	SIMPSON CO HOSP	1	1		38	439 056	207 300
3	MERIDIAN	EAST MISS MENTAL	3	1		268	1 576 510	1 051 007
3	MONTICELLO	LAWRENCE CO HOSP	1	1		30	440 880	288 920
1	NATCHEZ	JEFFERSON DAVIS MEM DTC	9	1			83 700	55 800
1	NATCHEZ	JEFFERSON DAVIS MEM	1	1		150	2 144 300	1 418 200
3	NETTLETON	NETTLETON PHC AND CLIN	5	1			46 873	30 915
3	NEW ALBANY	UNION CO HC	5	1			72 649	48 432
3	NEWTON	NEWTON COUNTY	1	4		40	645 884	416 256
3	OKOLONA	OKOLONA	1	1		25	246 540	161 927
3	OXFORD	LAFYETTE COUNTY HC	5	1			54 250	36 167
8	PASCAGOULA	SINGING RIVER MEM	1	1		120	2 531 250	1 498 204
3	PHILADELPHIA	NESHOBA COUNTY HC	5	1			58 402	19 467
3	PICAYUNE	PEARL RIVER CO HC	5	1			86 142	54 547
3	PONTOTOC	COMMUNITY	1	1		30	390 744	235 563
3	PONTOTOC	PONTOTOC COUNTY HC	5	1			41 270	27 513
8	POPLARVILLE	PEARL RIVER CO HOSP	1	1		30	479 713	314 392
3	PORT GIBSON	CLAIBORNE COUNTY	1	1		25	243 963	159 850
3	PORT GIBSON	CLAIBORNE CO HC	5	1			67 156	44 770
3	PRENTISS	JEFFERSON DAVIS CO	1	1	2	26	223 730	72 843
3	PRENTISS	JEFFERSON DAVIS CO HC	5	1			60 664	40 114
3	PURVIS	LAMAR COUNTY PHC	5	1			48 123	16 041
3	PURVIS	SMITH CO HC	5	1			54 470	36 314
3	RALEIGH	TIPPAH CO HOSP	1	1	2	40	448 307	145 289
3	RIPLEY	TIPPAH CO HOSP	1	5		11	151 600	101 067
8	RIPLEY							
3	ROLLING FORK	SHARKEY ISSAQUENA CO HC	5	1			46 117	15 352
3	ROLLING FORK	SHARKEY ISSAQUENA COMM	1	1		28	192 111	62 180
3	RULEVILLE	NO SUNFLOWER COUNTY	1	1		31	417 287	137 929
3	SANATORIUM	TB INFIRM FOR NEGROES	8	5		154	1 753 115	584 372
3	STARKVILLE	FELIX LONG MEM	1	1		48	415 106	128 463
3	STARKVILLE	OKTIBBEHA COUNTY HC	5	1			58 763	19 588
3	TUNICA	TUNICA COUNTY	1	1		27	228 027	73 406
8	TUNICA	TUNICA COUNTY	1	8		12	63 450	42 300
3	TUPELO	NO MISS COMMUNITY	1	5		48	297 674	197 522
3	TYLERTOWN	WALTHALL CO HC	5	1			71 007	44 671
3	VALDEN	CARROLL CO BR AUX PHC	5	1			44 257	29 505
8	VICKSBURG	KUHN STATE MEM	64	8		108	1 010 800	670 000
3	VICKSBURG	MERCY HOSP STREET MEM	1	1		289	3 059 592	1 046 670
3	W ENTERPRISE	CLARKE CO BR AUX PHC	5	1			10 822	7 215
3	WAYNESBORO	WAYNE COUNTY	1	1		25	213 818	139 506
3	WEST POINT	IVY MEMORIAL	1	1		53	739 267	468 602
3	WEST POINT	CLAY COUNTY PHC	5	1			69 410	22 657
3	WIGGINS	STONE COUNTY	1	1		20	174 623	112 615
3	WINONA	TYLER HOLMES MEM	1	1		30	418 895	273 168
3	YAZOO CITY	KINGS DAUGHTERS HOSP	1	1	2	77	985 723	637 018
3	YAZOO CITY	YAZOOCO HC	5	1			127 989	71 860
	MISSOURI							
3	ALBANY	GENTRY CO MEM HOSP	1	1		31	334 457	167 058
3	CAMERON	CAMERON COMMUNITY	1	1		33	273 878	136 344
8	CAPE GIRARDEAU	SOUTHEAST MO HOSP	1	5	4	79	1 263 016	514 000
3	CHILLICOTHE	CHILLICOTHE	1	2	1	20	454 309	224 794
9	CLAYTON	ST LOUIS CO HOSP	1	2		9	3 565 000	306 361
1	COLUMBIA	BOONE CO HOSP	64	2		50	306 300	116 033
9	COLUMBIA	UNIV OF MISSOURI NH	1	2	2		471 079	100 000
1	COLUMBIA	BOONE CO HOSP	1	2		10	102 100	51 050
9	EXCELSIOR SPGS	EXCELSIOR SPRINGS HOSP	1	2	4	14	267 534	102 758
8	FESTUS	JEFFERSON MEMORIAL	1	1		52	759 133	375 537
9	FULTON	CALLAWAY	1	5	4	43	735 384	367 500
8	HANNIBAL	ST ELIZABETHS	1	5		84	1 883 086	480 000
3	HAYTI	PEMISCOT CO MEM	1	1		56	541 552	178 062
8	HILLSBORO	JEFFERSON CO HC	5	1			107 555	33 777
8	HOUSTON	TEXAS CO MEMORIAL	1	1		35	496 243	248 121
9	INDEPENDENCE	IND SAN AND HOSP	64	8		50	874 183	236 551
3	INDEPENDENCE	INDEPENDENCE SAN HOSP	1	2	4	30	530 098	264 944
8	JEFFERSON CITY	MEMORIAL COMMUNITY	1	1		60	1 465 073	633 000
9	JOPLIN	FREEMAN HOSP	1	2		20	172 337	82 342
8	JOPLIN	FREEMAN HOSP	1	2		54	827 585	213 500
9	KANSAS CITY	COLL OSTEO AND SURG DTC	9	2			331 976	165 988
3	KANSAS CITY	MENORAH	1	2	4	132	2 558 044	482 497

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	KANSAS CITY	ST LUKES						
3	KANSAS CITY	KANSAS CITY GENERAL	1	5	4	120	2 833 086	1 158 291
2	KANSAS CITY	TRINITY LUTHERAN HOSP	1	2		82	1 078 077	535 933
3	KENNETT	DUNKLIN COUNTY	1	5	2	48	1 424 379	284 183
3	KIRKSVILLE	COLL OSTEO AND SURGERY	1	1		65	947 194	314 731
			1	5	1	100	1 055 989	351 996
3	LOUISIANA	PIKE COUNTY						
2	MARSHALL	JOHN FITZGIBBON MEM	1	2		22	436 570	218 284
3	MEXICO	AUDRAIN HOSPITAL	1	5	4	51	828 562	414 859
3	MILAN	SULLIVAN CO MEM HOSP	1	2	1	65	1 200 590	588 374
3	MONETT	ST VINCENTS HOSP	1	1		52	567 043	282 000
			1	2		45	804 190	401 814
3	MOUNT VERNON	MO ST SAN AND TRAIN SC						
2	N KANSAS CITY	N KANSAS CITY MEM	2	5	6	69	455 196	286 997
3	NEVADA	NEVADA CITY	1	1		100	1 300 108	339 109
3	PERRYVILLE	PERRY CO MEMORIAL	1	5	4	34	453 696	146 647
3	RICHMOND	RAY COUNTY MEM	1	1		55	624 791	204 598
			1	1		36	648 318	155 037
3	ROLLA	PHELPS CO PUB MEM						
1	SEDALIA	JOHN H BOTHWELL MEM	1	1		58	701 876	283 578
3	SPRINGFIELD	ST JOHNS	1	2		86	600 000	300 000
3	SPRINGFIELD	BURGE	1	1	5	•	7 333 684	3 639 088
3	SPRINGFIELD	CITY	1	5	4	115	894 716	435 458
			1	1		50	312 371	155 000
2	SPRINGFIELD	BURGE HOSP						
2	SPRINGFIELD	BURGE HOSP	0	2		44	377 250	144 441
3	ST LOUIS	DEPAUL	1	2	4	50	1 176 430	583 048
3	ST LOUIS	ST LOUIS CHILDRENS	1	5	2	•	2 771 183	1 382 768
3	ST LOUIS	RENARD WASHINGTON UNIV	1	2	1	•	3 161 460	813 440
			3	1		100	1 577 585	786 094
3	ST LOUIS	ST LOUIS HLTH CENTERS						
2	ST LOUIS	LUTHERAN HOSP	5	1				
2	ST LOUIS	EVANGELICAL DEACONESS	1	2	2	190	4 832 747	276 171
2	ST LOUIS	THE JEWISH HOSP	1	5	4	156	2 022 506	574 954
2	ST LOUIS	CHRISTIAN HOSP	1	2		34	2 168 158	794 194
			1	2		•	487 065	230 140
2	ST LOUIS	ST VINCENTS HOSPITAL					2 007 250	381 108
2	ST LOUIS	IRENE JOHNSON INST RF	3	2		75	1 147 385	540 008
2	ST LOUIS	THE JEWISH HOSP RF	6	2			708 096	114 803
2	ST LOUIS	ALEXIAN BROTHERS DTC	6	2			260 432	130 000
2	TRENTON	WRIGHT MEMORIAL	9	2			1 538 454	186 440
			1	1		35	330 319	164 657
3	TROY	LINCOLN CO MEMORIAL						
3	WEST PLAINS	WEST PLAINS MEMORIAL	1	1		50	661 418	330 709
			1	1		48	670 463	338 858
	MONTANA							
3	ANACONDA	ST ANNS						
3	BAKER	FALLON COUNTY	1	5	5	112	1 540 776	138 681
3	BIG TIMBER	SWEET GRASS CO	1	1		18	296 268	117 730
2	BILLINGS	ST VINCENTS	1	1		10	168 851	54 884
2	BILLINGS	ST VINCENTS RF	64	5		13	239 518	95 805
			6	5			164 230	65 692
2	BILLINGS	ST VINCENTS DTC						
2	CHESTER	LIBERTY CO HOSP	9	5			165 901	66 360
3	CHOTEAU	TETON MEMORIAL	0	1		10	138 403	52 961
2	CHOTEAU	TETON MEMORIAL	1	1		85	808 498	67 802
3	CIRCLE	MCCONE COUNTY	1	2	4	3	22 997	8 199
			1	1	3	10	170 462	58 414
3	CULBERTSON	ROOSEVELT MEMORIAL EQ						
3	CUT BANK	GLACIER CO MEMORIAL	1	1	4		99 860	36 648
2	EKALAKA	DAHL MEMORIAL	1	1		36	307 173	101 404
2	FORSYTH	ROSEBUD CO NURSING HOME	1	4		16	215 075	84 801
3	GREAT FALLS	COLUMBUS ASF	0	2		16	199 248	78 013
			1	3	1		60 771	15 000
3	HARLOWTON	WHEATLAND MEMORIAL						
2	HELENA	ST JOHNS HOSP ASF	1	1		25	135 545	49 881
2	HELENA	ST PETERS HOSP	1	5	4		888 507	118 403
2	HELENA	STATE LABORATORY BLDG	1	5	4	83	338 935	135 430
3	HOT SPRINGS	SANDERS CO	8	1		1	093 454	120 980
			1	1		19	855 138	60 000
3	JORDAN	GARFIELD COUNTY						
3	KALISPELL	IMMANUEL LUTHERAN HOME	1	1		19	256 018	107 760
3	LIBBY	ST JOHNS LUTHERAN	0	1		70	537 748	203 877
2	LIBBY	ST JOHNS LUTHERAN	1	1	4	26	313 694	30 386
3	LIVINGSTON	LIVINGSTON COMM	1	5	4	4	73 531	29 180
			1	1		52	698 213	276 816
3	MALTA	MALTA HOSP						
3	PHILIPSBURG	GRANITE COUNTY	1	1		30	263 407	111 711
3	PLENTYWOOD	SHERIDAN MEM	1	1		10	233 870	93 490
3	RED LODGE	CARBON CO MEML	1	1	4	21	852 703	50 000
3	ROUNDUP	ROUNDUP MEM	1	1		26	324 544	106 648
			1	1	4	18	187 791	75 116
3	SCOBEY	DANIELS MEMORIAL						
			1	1		17	263 871	111 749

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	SHELBY	TOOLE COUNTY	1	1		20	335 066	111 689
2	SHELBY	TOOLE CO HOSP	0	2		34	389 130	130 893
	NEBRASKA							
3	ALBION	BOONE CO COMMUNITY	1	1		20	196 486	64 766
3	ALMA	ALMA CITY HOSP EQ	1	1		-	56 092	15 592
3	BEATRICE	MENNONITE DEACONESS	1	1		60	838 305	333 810
3	BLAIR	MEMORIAL COMMUNITY	1	1		20	322 107	126 555
3	BURWELL	BURWELL	1	1		20	211 361	111 264
3	CALLAWAY	CALLAWAY MUNICIPAL HOSP	1	1		11	125 926	61 585
2	CAMBRIDGE	CAMBRIDGE MEM COMMUNITY	1	1		20	274 137	109 855
2	CENTRAL CITY	LITZENBERG MEM CO HOSP	1	1		24	293 724	117 490
3	CHAPPELL	MILLER MEMORIAL	1	1		14	161 860	41 854
3	COZAD	COZAD MUNICIPAL	1	1		20	192 313	98 820
3	CRAWFORD	COMMUNITY MEMORIAL	1	1		12	188 980	53 771
3	CREIGHTON	LUNDBERG MEM HOSP	1	1		18	365 483	133 711
3	CRETE	CRETE MUNICIPAL	1	1		24	216 147	68 672
3	FRANKLIN	FRANKLIN COUNTY MEM	1	1		20	224 418	119 339
3	GRAND ISLAND	ST FRANCIS	1	2	2	65	863 384	448 854
3	GRANT	PERKINS COUNTY COMM	1	1		20	326 630	106 216
3	HEBRON	THAYER CO MEM EQ	1	1			94 754	9 899
3	HENDERSON	HENDERSON COMM EQ	1	1	1		128 084	14 977
3	KIMBALL	KIMBALL COUNTY	1	1		25	230 445	78 415
3	LOUP CITY	SACRED HEART HOSP	1	1		25	362 825	181 812
3	MINDEN	KEARNEY COUNTY HOSP	1	1	1	25	367 765	176 499
3	NELIGH	ANTELOPE MEMORIAL	1	1		34	375 357	197 346
3	NORFOLK	OUR LADY OF LOURDES EQ	1	1			67 174	35 777
3	NORTH PLATTE	MEMORIAL HOSP	1	1		48	576 877	226 509
3	OAKLAND	OAKLAND MEMORIAL	1	1		20	247 875	82 018
3	OGALLALA	OGALLALA MEMORIAL	1	1		30	450 990	238 599
3	OMAHA	PSYCHI UNIT UNIV OF NEB	3	1		90	1 655 078	518 974
3	OMAHA	CREIGHTON ST JOSEPH ASF	1	2	4		2 189 443	196 515
2	OMAHA	IMMANUEL SCH OF NURSING	1	2	6		578 821	285 655
3	OMAHA	THE SALVATION ARMY	0	3		32	444 621	100 000
3	OMAHA	BISHOP CLARKSON MEM EQ	1	1			4 694 237	284 388
3	OMAHA	IMMANUEL DEACONESS	1	3		•	1 234 592	355 708
3	OMAHA	IMMANUEL DEACONESS OTC	9	5			399 957	131 436
2	OMAHA	MATTIE S MONROE HOME	0	1		40	650 995	250 000
2	OMAHA	UNIV OF NEB NH AND SCH	1	2	2		1 102 715	121 500
2	OMAHA	ST CATHERINES HOSP NH	1	2	6		677 441	266 885
2	OMAHA	LUTHERAN HOSP	1	5		75	278 483	111 393
2	OMAHA	LUTHERAN HOSP REHAB	6	5			217 503	87 002
2	OMAHA	C LOUIS MEYER MEM OTC	9	1			978 259	390 393
2	OMAHA	LUTHERAN HOSP OTC	9	5			97 336	27 656
3	ONEILL	ST ANTHONYS	1	1		36	486 517	255 855
3	OSCEOLA	ANNIE JEFFREY MEM EQ	1	1			232 612	19 710
3	PAWNEE CITY	PAWNEE CO MEM	1	1		25	335 585	124 838
3	PENDER	PENDER COMMUNITY	1	1		24	312 172	153 436
3	PLAINVIEW	PLAINVIEW GEN EQ	1	1			78 728	8 939
3	RED CLOUD	WEBSTER CO COMM	1	1		20	317 165	135 466
3	SCHUYLER	MEMORIAL HOSP	1	1		25	346 910	173 074
3	SCOTTSBLUFF	ST MARY EQ	1	1			1 481 191	64 310
3	SEWARD	SEWARD MEMORIAL	1	1		26	219 823	70 608
3	SIDNEY	CHEYENNE CO MEM	1	1		50	751 761	374 186
3	SPALDING	ST JOHNS SULLIVAN MEM	1	1		20	220 273	116 541
3	ST PAUL	HOWARD COMMUNITY	1	1		20	262 204	129 852
3	SYRACUSE	SYRACUSE COMM MEM	1	1		20	271 993	141 668
2	TECUMSEH	JOHNSON CO HOSP	1	1		20	324 578	129 831
3	WAHOO	SAUNDERS CO MEMORIAL	1	1		31	330 746	107 045
3	WAKEFIELD	WAKEFIELD COMMUNITY	1	1		18	182 419	60 147
3	WEST POINT	WEST POINT MEMORIAL	1	1	2	75	1 181 166	238 256
	NEVADA							
2	ELKO	ELKO GENERAL	1	2		•	897 439	298 800
2	ELKO	ELKO GENERAL OTC	9	2			303 721	101 360
3	FALLON	CHURCHILL PUBLIC	1	1		21	229 384	6 597
3	FALLON	CHURCHILL PUBLIC HOSP	1	2		30	149 850	53 000
2	LAS VEGAS	SOUTHERN NEVADA MEM OTC	9	5	1		400 168	200 084
3	LAS VEGAS	SOUTHERN NEVADA MEM	1	5	4	72	876 016	437 955

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3	RENO	ST MARYS	1	5		35	786 488	351 840
3	RENO	WASHOE MED CEN ASF	1	5	1		33 400	7 808
3	RENO	WASHOE MED CENTER	1	2		74	416 667	166 667
3	RENO	NEVADA STATE	3	2		60	156 033	52 011
3	RENO	NEVADA STATE HOSP ASF	3	4	4		83 067	27 689
2	RENO	WASHOE MED CENTER DTC	9	2			720 000	210 000
3	SPARKS	STATE MENTAL	3	3		20	25 183	8 511
2	SPARKS	NEVADA STATE HOSP	3	2		130	700 000	100 000
3	YERINGTON	LYON COUNTY GENERAL	1	1		*	404 750	242 339
	NEW HAMPSHIRE							
2	BERLIN	ST LOUIS HOSP EQ	1	2			45 000	15 000
2	BRENTWOOD	ROCKINGHAM CO HOME	0	5		86	765 500	183 311
3	CONCORD	NH MENTAL HYGIENE DTC	9	4			142 979	66 932
2	CONCORD	CONCORD	1	1		148	3 499 702	852 147
3	CONWAY	THE MEMORIAL	1	5		17	271 019	90 340
2	DOVER	WENTWORTH DOVER CTY DTC	9	3			33 659	16 824
3	DOVER	WENTWORTH DOVER CITY	1	5	1	42	769 338	252 000
2	DOVER	CATHOLIC CHARITIES	0	1		*	411 000	110 186
2	GREENFIELD	CROTCHED MOUNTAIN RF	6	2			650 340	150 000
3	HANOVER	MARY HITCHCOCK MEM NH	1	5	5		906 170	302 056
3	HANOVER	MARY HITCHCOCK MEM	1	5		88	2 112 987	645 469
2	HANOVER	MARY HITCHCOCK MEM ASF	0	2	4		93 800	46 900
2	HANOVER	MARY HITCHCOCK MEM DTC	9	2			428 758	186 000
3	KEENE	ELLIOT COMMUNITY	0	5		24	339 406	119 703
3	KEENE	ELLIOT COMMUNITY DTC	9	5			312 284	156 142
3	LACONIA	LACONIA	1	5		*	1 133 538	343 120
2	LANCASTER	BEATRICE WEEKS MEM	1	5		16	395 238	131 744
2	LANCASTER	BEATRICE WEEKS MEM DTC	9	2			34 168	17 184
2	MANCHESTER	NOTRE DAME HOSP EQ	9	2			2 308	1 151
2	NEW LONDON	NEW LONDON HOSP	1	1		84	854 964	184 988
2	NEW LONDON	NEW LONDON HOSP DTC	9	1			51 536	25 768
3	NEWPORT	CARRIE F WRIGHT	1	1		85	367 793	133 598
3	PETERBOROUGH	MONADNOCK COMM	1	5		*	350 745	101 207
3	PLYMOUTH	SOEVA SPEARE MEM	1	1		31	389 655	180 237
2	PLYMOUTH	SOEVA SPEARE MEM DTC	9	3	4		106 354	35 333
1	ROCHESTER	FRISBIE MEMORIAL	1	5		22	453 000	151 000
1	ROCHESTER	FRISBIE MEMORIAL DTC	9	5			5 000	28 500
3	WOLFEBORO	HUGGINS	1	5	4	44	510 401	169 599
2	WOLFEBORO	HUGGINS DTC	9	2			110 000	53 000
	NEW JERSEY							
3	ANCORA	FOURTH STATE MENTAL	3	1	4	384	7 409 674	1 199 899
2	ATLANTIC CITY	ATLANTIC CITY HOSP	1	5	4	94	2 834 516	762 840
1	BAYONNE	BAYONNE PHC	5	1			125 000	49 500
2	BRIDGETON	BRIDGETON	1	5		50	853 508	188 820
3	CAMDEN	OUR LADY OF LOURDES EQ	1	1			4 478 416	159 037
3	CAPE MAY CH	BURDETTE TOMLIN MEM	1	1		43	703 146	234 388
3	CEDAR GROVE	OVERBROOK	3	2		100	1 504 772	350 000
2	CEDAR GROVE	OVERBROOK	3	2		396	2 461 977	408 504
3	ELIZABETH	GENERAL AND DISPENSARY	1	2		37	913 978	231 059
3	FLEMINGTON	HUNTERDON MED CENTER	1	1		106	2 513 046	727 040
3	GREYSTONE PK	STATE MENTAL	3	2		110	421 740	127 673
3	HACKENSACK	HACKENSACK HOSP	1	2		*	2 967 453	690 592
2	HOBOKEN	ST MARYS HOSP DTC	9	2			172 628	61 590
1	JERSEY CITY	BERTHOLD B POLLAK DTC	9	1			200 000	79 800
1	JERSEY CITY	SETON HALL DTC	9	2			220 660	77 231
3	LONG BRANCH	MONMOUTH MEM	1	2		79	1 458 728	450 000
3	MENLO PK	MENTAL DIAGNOSTIC CTR	3	1		65	1 885 353	403 851
3	MORRISTOWN	MEMORIAL	1	1		236	2 680 199	815 939
3	MT HOLLY	BURLINGTON COUNTY	1	2		98	724 934	246 799
3	NEPTUNE	FITKIN MEMORIAL	1	2		100	1 173 756	373 877
2	NEW BRUNSWICK	ST PETERS GENERAL	24	5		30	90 836	34 969
2	NEW BRUNSWICK	MIDDLESEX GENERAL	1	5		169	2 792 004	558 502
2	NEW BRUNSWICK	ST PETERS GENERAL	1	5	4	*	4 418 046	620 140
2	NEWARK	IVY HAVEN NURSING HOME	0	5		166	905 600	225 420
2	NEWARK	ST MICHAELS HOSP REHAB	6	5			357 693	125 420
2	NEWARK	THE PRESBYTERIAN DTC	9	2			137 233	25 140
3	NEWTON	MEMORIAL	1	5		60	1 014 500	338 166
3	NO ARLINGTON	NO ARLINGTON MC	5	1			36 400	14 280

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	PARAMUS	BERGEN PINES CO	1	1	3	363	4 581 897	563 330
2	PARAMUS	MENTAL HEALTH DTC	9	1			914 019	119 880
3	PATERSON	ST JOSEPHS	1	4	4	98	1 305 520	515 425
3	PATERSON	BARNERT MEML	1	2	4	*	981 481	177 769
3	PERTH AMBOY	GENERAL	1	5		20	441 602	176 641
3	PERTH AMBOY	GENERAL	1	5		46	384 594	125 002
2	PHILLIPSBURG	WARREN HOSP	1	1		212	2 739 843	1 040 000
3	PLAINFIELD	MUHLENBURG	1	5		110	2 446 060	501 994
2	POINT PLEASANT	POINT PLEASANT HOSP DTC	9	5			255 850	36 078
3	POINT PLEASANT	POINT PLEASANT	1	2		31	325 705	71 800
3	PRINCETON	MERWICK NURSING HOME	0	5	4	24	552 101	97 789
3	PRINCETON	PRINCETON	1	5		*	1 927 188	372 619
3	PRINCETON	PRINCETON ASF	1	5	4		34 670	13 868
3	PRINCETON	PRINCETON DTC	9	5			80 067	21 113
3	RED BANK	RIVERVIEW	1	2		35	768 000	300 000
3	RIDGEWOOD	VALLEY	1	1		71	1 607 731	543 484
3	SALEM	COUNTY MEMORIAL	1	1		94	1 282 433	445 940
3	SECAUCUS	MENTAL DISEARES FEMALE	3	2		168	1 144 613	420 818
3	SECAUCUS	MENTAL DISEASES MALE	3	2		168	1 526 424	472 080
2	SOMERS POINT	SHORE MEMORIAL	1	2		70	686 677	210 080
3	SUMMIT	OVERLOOK	1	5		203	2 458 442	675 000
3	TRENTON	ST FRANCIS HOSP	1	2		307	4 045 389	1 380 001
	NEW MEXICO							
2	ALAMOGORDO	GERALD CHAMPION MEM DTC	9	2			107 609	53 804
3	ALAMOGORDO	GERALD CHAMPION MEM	1	1	2	26	236 085	78 029
2	ALAMOGORDO	GERALD CHAMPION MEM	1	2		15	687 391	265 000
2	ALBUQUERQUE	PRESBYTERIAN HOSP CTR	04	2		38	384 635	179 000
1	ALBUQUERQUE	BATAAN MEM METHODIST	04	2		28	373 870	118 150
3	ALBUQUERQUE	SW PRESBYTERIAN SAN	1	5		63	1 028 931	325 880
3	ALBUQUERQUE	BATAAN MEM METHODIST	1	1		98	1 472 781	425 000
2	ALBUQUERQUE	NEW MEXICO REHAB CTR	6	1			200 000	100 000
1	ALBUQUERQUE	OSTEOPATHIC HOSP	1	1		23	340 000	150 000
1	ALBUQUERQUE	COUNTY AND CITY HC	5	1			300 000	150 000
3	CARLSBAD	CARLSBAD COMMUNITY	1	1		50	705 400	81 695
2	CARLSBAD	ST FRANCIS	1	2		67	859 384	75 000
1	CARLSBAD	ST FRANCIS HOSP DTC	9	2			100 000	50 000
3	CARRIZOZO	LINCOLN CO MUNICIPAL	1	1		25	210 466	49 155
3	CLOVIS	MEMORIAL	1	5		34	318 930	143 000
2	CLOVIS	CURRY CO HC	5	1			113 921	56 960
3	DEMING	MIMBRES MEMORIAL	04	1		10	113 035	56 842
3	DEMING	MIMBRES MEMORIAL	1	1		30	468 875	233 800
2	FARMINGTON	SAN JUAN CO	04	5	4	38	530 000	265 000
3	FARMINGTON	SAN JUAN CO	1	1		44	507 247	275 000
2	FARMINGTON	SAN JUAN CO	1	3	4	8	200 000	100 000
2	FARMINGTON	SAN JUAN CO HC	5	1			165 853	82 926
3	HOBBS	LEA CO COMM	1	1		78	1 021 565	200 000
3	LAS CRUCES	MEM GENERAL	1	1		75	792 164	250 000
3	LAS VEGAS	LAS VEGAS	1	1		46	572 898	272 000
2	LAS VEGAS	ST ANTHONYS HOSP ASF	1	2	4		475 680	170 000
2	LAS VEGAS	NEW MEXICO STATE DTC	9	2			145 468	100 000
1	LAS VEGAS	NEW MEXICO STATE MF	6	2			200 000	100 000
3	LOVINGTON	LEA CO HC	5	1			79 808	34 000
3	MELROSE	EASTERN NM MEM EQ	1	1			66 426	27 000
2	MORA	MORA VALLEY DTC	9	1			121 088	45 000
3	PORTALES	ROOSEVELT CO	1	1		35	461 972	152 496
3	ROSWELL	EASTERN NM MED CENTER	1	1		83	1 609 922	231 936
3	RUIDOSO	MONDO VALLEY GEN	1	1		15	154 752	43 251
3	SANTA FE	ST VINCENT HOSP	1	7		280	3 451 144	1 429 561
3	SANTA ROSA	GUADALUPE CO	1	1		22	257 896	156 000
3	SOCORRO	SOCORRO GENERAL	1	1		22	360 000	180 000
3	SPRINGER	COLFAX GENERAL EQ	1	1			18 831	9 116
2	TRUTH OR CONS	ST ANNS HOSP	04	1		20	448 128	60 000
2	TRUTH OR CONS	ST ANNS HOSP	1	1		30	862 765	175 000
3	TUCUMCARI	GENERAL MATERNITY WING	1	2		8	50 541	15 514
	NEW YORK							
3	ALBANY	ALBANY	1	2		*	4 846 389	1 415 463
2	ALBANY	VILLA MARY IMMACULATE	0	1		90	1 038 361	308 000

HEALTH RESEARCH FACILITIES

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	ALBANY	MEMORIAL HOSP						
3	ALBION	ARNOLD GREGORY MEMORIAL	1	1		329	3 893 821	1 100 000
3	ALEXANDRIA BAY	EDWARD JOHN NOBLE	1	4		50	604 040	201 349
3	BATAVIA	ST JEROME	1	1		30	430 060	143 353
3	BATAVIA	GENESEE MEMORIAL	1	7		150	1 604 059	534 686
			1	4		119	1 584 351	528 117
3	BAY SHORE	SOUTHSIDE						
3	BAY SHORE	SOUTHSIDE	1	2		•	937 942	312 647
1	BEACON	HIGHLAND HOSP	1	8		66	1 447 995	128 193
3	BROCKPORT	LAKESIDE MEMORIAL	1	1		65	1 008 750	332 917
3	BRONX	LINCOLN EQ	1	1		50	367 309	118 565
			1	3			38 895	12 965
2	BRONX	BETH ANRAHAM HOME						
2	BRONX	MISERICORDIA HOSP	0	5	4	209	3 163 179	348 054
3	BROOKLYN	WYCKOFF HEIGHTS	1	2	2	•	6 691 154	656 748
3	BROOKLYN	KINGS COUNTY EQ	1	2		118	1 655 229	551 743
2	BROOKLYN	METHODIST HOSP	1	3			89 327	29 776
			1	5	4	•	3 651 442	500 000
3	BUFFALO	THE CHILDRENS HOSPITAL						
3	CANTON	EDWARD J NOBLE	1	5		•	4 728 825	523 584
2	CATSKILL	MEM HOSP OF GREENE CO	1	1		53	817 687	272 562
3	COBLESKILL	COMMUNITY HOSP	1	5	4	48	704 562	207 713
3	COOPERSTOWN	MARY IMOGENE BASSETT	1	1		59	589 391	196 389
			1	5		•	1 477 290	492 430
2	COOPERSTOWN	OTSEGO CO HOME INF						
3	CORNING	CORNING	0	1		60	750 985	158 523
3	CUBA	CUBA MEMORIAL	1	2		40	834 028	278 009
3	DANSVILLE	DANSVILLE MEMORIAL	1	2		42	291 653	97 218
3	DUNKIRK	BROOKS MEMORIAL	1	2		57	602 477	200 826
			1	2		38	456 834	152 278
3	FAR ROCKAWAY	ST JOSEPHS						
2	GERMANTOWN	ST PATRICKS HOME	1	5		86	1 905 133	557 700
3	GLEN OAKS	LONG ISLAND JEWISH	0	2		112	1 461 957	300 000
3	GLEN OAKS	LONG ISLAND JEWISH	1	1		•	5 730 613	1 530 832
3	GLENCOVE	NORTH COUNTRY COMM HS	1	2		84	252 695	42 000
			1	2	6		736 195	131 135
3	GOUVERNEUR	EDWARD JOHN NOBLE						
3	GOWANDA	TRI COUNTY MEMORIAL	1	1		60	1 166 074	376 077
3	GREENPORT	EASTERN LONG ISLAND	1	1		50	456 408	152 136
3	HAMILTON	HAMILTON COMMUNITY	1	2		•	669 168	223 056
3	HANCOCK	HANCOCK COMMUNITY	1	1		30	378 391	126 130
			1	4		24	357 133	116 071
1	HARRISON	ST VINCENTS HOSP						
3	HORNELL	ST JAMES MERCY	3	2		100	1 500 000	500 000
3	HUDSON	COLUMBIA MEMORIAL	1	5		58	1 055 886	351 962
2	HUNTINGTON	HUNTINGTON	1	2		102	1 992 401	664 102
1	INDIAN LAKE	INDIAN LAKE HC	1	5	4	129	2 561 727	605 672
			8	1			30 000	10 000
2	ITHACA	TOMPKINS CO MEM						
3	JAMAICA	QUEENS GENERAL EQ	1	5		40	1 809 142	316 667
3	JAMAICA	JAMAICA	1	3			26 915	8 972
3	JAMAICA	QUEENS GENERAL	1	2		78	1 780 647	593 549
3	JAMAICA	QUEENS GENERAL ASF	1	2		243	5 783 751	1 318 963
			1	5	4		291 720	97 840
3	JAMESTOWN	WOMENS CHRISTIAN ASSN						
3	JOHNSON CITY	CHARLES S WILSON EQ	1	5		55	1 098 040	365 334
2	KINGS PARK	ST JOHNLAND NRSNG HOME	1	2			47 062	15 687
2	KINGS PARK	STJOHNLAND NRSNG HOME	0	5		35	310 014	103 338
3	KINGSTON	BENEDICTINE	0	2		30	439 173	136 618
			1	2		97	1 817 070	605 690
3	KINGSTON	KINGSTON HOSP						
3	KINGSTON	ULSTER CO TUMOR CLINIC	1	2	4	•	1 807 450	506 089
3	LAKE PLACID	PLACID MEMORIAL	5	1			405 866	135 289
3	LIBERTY	LIBERTY MAIMONIDES	1	1		49	608 755	202 918
3	LIBERTY	SULLIVAN CO HOME	1	1		56	761 975	253 860
			0	3		49	415 849	136 053
3	LONG BEACH	LONG BEACH MEM						
3	MANHASSET	NORTH SHORE HOSP	1	2		26	407 036	47 400
3	MASSENA	MASSENA	1	1		186	3 819 963	442 500
3	MINEOLA	NASSAU	1	1		92	1 195 527	398 509
3	MONTICELLO	HEBREW	1	2	3	81	1 447 873	348 000
			1	2		35	244 450	79 325
3	MONTOUR FALLS	SHEPARD RELIEF						
2	NEW YORK	BELLEVUE MED CTR	1	5		27	210 031	69 539
2	NEW YORK	MONTEFIORE	G4	2		81	1 386 846	100 000
3	NEW YORK	HARLEM EQ	G4	2		228	2 093 565	100 000
3	NEW YORK	THE MOUNT SINAI	1	2			30 883	10 274
			1	2		168	274 328	91 448
3	NEW YORK	THE PRESBYTERIAN EQ						
3	NEW YORK	BELLEVUE EQ	1	3			74 858	24 953
3	NEW YORK	ST VINCENTS ASF	1	3			52 171	17 390
3	NEW YORK	THE PRERBYTERIAN	1	2			91 780	30 594
3	NEW YORK	THE ROOSEVELT ASF	1	2		15	104 582	34 861
			1	2	4		2 275 411	568 398
3	NEW YORK	ST VINCENTS						
			1	2	3	•	2 492 282	490 987

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	NEW YORK	BOOTH MEMORIAL	1	1		235	4 064 785	1 119 033
3	NEW YORK	MONTEFIORE	1	3		*	2 460 650	372 187
3	NEW YORK	ABRAHAM JACOBI ASF	1	1	4		10 431 163	65 500
3	NEW YORK	MONTEFIORE	1	2		24	639 551	158 200
3	NEW YORK	BELLEVUE MED CTR RF	6	3			1 309 969	182 400
3	NEWARK	NEWARK WAYNE COMM	1	1		58	1 159 287	384 846
3	NORWICH	CHENANGO MEMORIAL	1	5	4	*	1 693 837	563 779
3	OCEANSIDE	SOUTH NASSAU COMM	1	2	3	149	2 032 667	363 450
3	OGDENSBURG	A BARTON HEPBURN	1	5	4	90	56 997	677 844
3	ONEIDA	ONEIDA ASF	1	1	4			18 999
3	ONEIDA	ONEIDA	1	2		89	407 187	135 729
3	ONEONTA	AURELIA OSBORN FOX ASF	1	5	4		56 716	18 905
3	ONEONTA	AURELIA OSBORN FOX	1	5	4	85	1 425 600	475 200
3	ONEONTA	OSWEGO	1	2	4	80	1 096 351	365 450
3	OSWEGO	BROOKHAVEN MEM	1	1		96	1 195 160	218 160
3	PATCHOGUE	ST FRANCIS	1	2	1	111	2 311 368	535 179
3	POUGHKEEPSIE	VASSAR BROTHERS	1	5		40	516 264	127 761
3	POUGHKEEPSIE	VASSAR BROTHERS	1	5	4	170	2 880 000	940 000
3	POUGHKEEPSIE	ST FRANCIS	1	5	4	100	2 120 000	700 000
3	POUGHKEEPSIE	N DUTCHESS HLTH SER CTR	1	5	4	23	178 733	56 342
3	RHINEBECK	N DUTCHESS HLTH SER CTR	1	5	4	20	140 350	46 750
3	RHINEBECK	CENTRAL SUFFOLK	1	1		58	840 883	280 218
3	RIVERHEAD	HIGHLAND	1	1		76	1 434 709	473 711
3	ROCHESTER	ROCHESTER GENERAL	1	6		250	5 422 869	1 306 467
3	ROCHESTER	STRONG MEM ASF	1	1			730 870	210 403
3	ROCHESTER	STRONG MEMORIAL	1	2		40	686 175	201 581
3	ROCHESTER	ROCKAWAY BEACH	1	1		150	2 620 600	850 000
3	ROCKAWAY BEACH	MERCY HOSP	1	5	3	120	2 120 008	298 650
3	ROCKVILLE CTR	THE SARATOGA	1	5		*	320 793	106 931
3	SARATOGA SPRGS	SARATOGA CO HC	5	2	1		137 870	18 898
3	SARATOGA SPRGS	EASTERN NY ORTH FOUND	1	2		24	257 701	85 927
3	SCHENECTADY	ELLIS HOSP	1	5	4	*	3 726 819	339 582
3	SCHENECTADY	THE HOSPITAL	1	5	4	29	495 000	165 000
3	SIDNEY	CLIFTON FINE	7	1		29	341 835	113 945
3	STAR LAKE	RICHMOND MEM	1	5	4	48	868 864	155 433
3	STATEN ISLAND	STATEN ISLAND	1	5		111	2 691 166	848 890
3	STATEN ISLAND	GOOD SAMARITAN	1	2		35	350 890	116 963
3	SUFFERN	SYCRACUSE UNIV HOSP RF	6	2			601 862	168 950
3	SYCRACUSE	ST JOSEPHS	1	2		180	1 966 559	453 639
3	SYRACUSE	SAMARITAN HOSP	G4	5	4	48	1 027 754	342 585
3	TROY	ST MARYS	1	2	6	*	842 922	153 393
3	TROY	SAMARITAN HOSP DTC	9	5	4		459 410	153 137
3	TROY	CHILDRENS HOSPITAL HOME	4	2	4	18	267 167	88 602
3	UTICA	FAXTON	1	2	4	*	615 000	205 000
3	UTICA	ST LUKES MEM HOSP CTR	1	1		215	3 292 602	700 000
3	UTICA	ST ELIZABETH	1	2	1	58	2 399 319	396 434
3	UTICA	ST ELIZABETH ASF	1	2	4		310 865	103 566
3	UTICA	DELAWARE VALLEY	1	1		58	412 671	137 557
3	WALTON	DELAWARE VALLEY ASF	1	2	1		47 768	15 923
3	WALTON	WYOMING CO MEM HOSP	7	1		110	1 862 695	604 446
3	WARSAW	TAYLOR BROWN MEM	1	1		75	1 654 226	529 334
3	WATERLOO	HOUSE OF THE GOOD SAMA	1	4		168	1 726 249	575 416
3	WATERTOWN	TIOGA COUNTY GENERAL	1	2		55	707 124	234 449
3	WAVERLY	WM AND GERT JONES MEM	1	1		58	1 272 163	422 430
3	WELLSVILLE	ST CHARLES	1	1		167	4 779 588	853 779
3	WEST ISLIP							
	NORTH CAROLINA							
3	AMOSKIE	ROANOKE CHOWAN NRS HOME	1	2	2		106 546	35 515
3	AMOSKIE	ROANOKE CHOWAN HOSP	1	2		25	200 295	88 000
3	AMOSKIE	ROANOKE CHOWAN	1	1		42	139 653	46 551
3	AMOSKIE	ROANOKE CHOWAN HOSP	1	2		25	472 000	221 499
3	AMOSKIE	STANLY COUNTY	1	1		100	1 176 614	392 205
3	ALBEMARLE	STANLY CO NRS HOME	1	2	2		167 500	73 700
3	ALBEMARLE	STANLY COUNTY	1	2	4	15	130 273	53 022
3	ALBEMARLE	STANLY CO PHC	5	1			67 489	22 678
3	ALBEMARLE	DISTRICT MEMORIAL	1	1		10	345 292	168 262
3	ANDREWS	RANDOLPH COUNTY HC	5	1			69 740	28 593
3	ASHEBORO	MEMORIAL MISSION	1	5		249	2 871 181	1 223 006
3	ASHEVILLE	MEMORIAL MISSION MH	1	4	2		389 229	168 962
3	ASHEVILLE	ST JOSEPHS HOSP	1	2	4	43	1 189 000	501 022
3	ASHEVILLE	MITCHELL CO HC	5	1			29 181	14 591

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	BANNER ELK	GRACE NURSES HOME	1	2	2		99 528	43 198
3	BAYBORO	PAMLICO CO HC	5	1			29 347	14 333
2	BEAUFORT	CARTERET CO HC	5	4			38 881	18 919
3	BELHAVEN	PUNGO DIST	1	1		20	124 962	41 154
3	BOONE	WATAUGA HOSP NH	1	2	2		80 291	37 886
3	BOONE	WATAUGA CO HC	5	1			32 590	16 219
2	BREVARD	TRANSYLVANIA COMM	1	3	4	15	250 925	85 854
3	BRYSON CITY	SWAIN COUNTY	1	1			29 181	14 591
3	BRYSON CITY	SWAIN COUNTY NH	1	2	2	20	158 058	51 608
3	BRYSON CITY	SWAIN COUNTY HC	5	1			27 038	9 180
2	BRYSON CITY	SWAIN CO HOSP	1	2			28 057	13 849
3	BURGAW	PENDEN MEMORIAL	1	1		10	58 318	86 342
3	BURGAW	PENDEN MEMORIAL	1	2		25	202 185	85 618
3	BURGAW	PENDEN CO HC	5	1		8	27 037	11 609
3	BURLINGTON	ALAMANCE COUNTY	1	1			33 420	14 391
3	BURLINGTON	ALAMANCE CO NRS HOME	1	2		100	1 015 647	387 353
2	BURLINGTON	ALAMANCE COUNTY	1	2	2		207 109	89 562
3	BURNSVILLE	YANCEY COUNTY HC	5	1		39	485 000	234 500
1	BUTNER	BUTNER STATE HOSP	3	2			29 167	14 431
3	CARTHAGE	MOORE COUNTY PHC	5	1		18	120 000	60 000
3	CHAPEL HILL	N C SANATORIUM	2	1			58 120	25 187
2	CHAPEL HILL	MEMORIAL HOSPITAL	1	5	3	100	1 278 677	500 000
1	CHAPEL HILL	N C MEMORIAL ASF	1	2	4		297 674	148 837
3	CHARLOTTE	PRESBYTERIAN NRS HOME	1	2	2		44 000	22 000
3	CHARLOTTE	MERCY HOSP ASF	1	2	3		861 199	303 680
3	CHARLOTTE	CHARLOTTE MEMORIAL	1	5	3		863 137	303 600
2	CHARLOTTE	PRESBYTERIAN HOSP	1	5	3	*	813 579	810 330
2	CHARLOTTE	PRESBYTERIAN HOSP	1	2	4	47	1 468 500	680 643
2	CHARLOTTE	MERCY HOSP ASF	1	5	4	75	1 110 000	538 750
2	CHARLOTTE	CHARLOTTE REHAB HOSP	1	2	4		308 000	100 000
3	CLINTON	SAMPSON COUNTY	6	2			579 000	289 500
3	CLINTON	SAMPSON CO NRS HOME	1	1		100	1 070 694	349 843
3	CLINTON	SAMPSON COUNTY HC	1	2	2		180 130	78 600
2	CLINTON	SAMPSON CO MEM ASF	5	1			66 968	28 094
3	COLUMBIA	TYRRELL CO PHC	1	5	4		283 573	138 990
1	COLUMBUS	POLK COUNTY HC	5	1			36 006	15 840
3	CONCORD	CABARRUS COUNTY	5	1			29 181	14 591
3	CURRITUCK	CURRITUCK CO HC	5	1	4	130	2 327 339	604 375
3	DANBURY	STOKES REYNOLDS MEM	1	1			39 817	17 078
3	DANBURY	STOKES REYNOLDS MEM NH	1	2	2	30	340 705	145 840
3	DANBURY	STOKES CO HC	5	1			53 388	25 322
3	DUNN	HARNETT HC	5	1			35 857	16 675
3	DURHAM	NC CEREBRAL PALSY	4	1			38 375	10 805
3	DURHAM	DUKE UNIV NRS HOME	1	2	2	40	511 319	150 000
3	DURHAM	WATTS HOSP	1	5	4	105	834 190	364 737
3	DURHAM	LINCOLN HOSP	1	5	3	35	2 583 183	910 800
3	DURHAM	DUKE UNIV HOSP OTC	9	2	1		758 162	333 580
2	DURHAM	DUKE UNIVERSITY	1	2	4	*	69 331	34 666
2	DURHAM	WATTS HOSP ASF	1	2	4	4	102 599	480 000
3	EDENTON	CHOWAN	1	1			350 000	171 875
3	EDENTON	CHOWAN NRS HOME	1	2		35	322 188	105 096
3	ELIZABETHTOWN	BLADEN COUNTY	1	1	2		57 108	28 080
3	ELIZABETHTOWN	BLADEN CO HC	1	1		50	719 257	318 338
1	ELKIN	HUGH CHATHAM MEM ASF	5	1			45 288	19 909
3	FAYETTEVILLE	CUMBERLAND CO	1	5	4		150 000	75 000
3	FAYETTEVILLE	CUMBERLAND CO HOSP NH	1	1		200	2 157 183	986 174
8	FAYETTEVILLE	CUMBERLAND CO OTC	9	2	2		180 737	79 380
3	FRANKLIN	MACON CO HC	5	1			178 000	89 000
3	GASTONIA	GASTON MEMORIAL	1	2		100	29 041	18 529
3	GASTONIA	GASTON COUNTY HC	5	1			1 051 998	339 504
2	GASTONIA	GASTON MEMORIAL	1	2	3	30	141 596	65 860
2	GASTONIA	GASTON MEMORIAL NH	1	2	2		257 239	126 000
3	GATESVILLE	GATES COUNTY HC	5	1			410 000	188 610
3	GOLDSBORO	WAYNE CO MEMORIAL	1	2	4	100	32 680	14 973
3	GOLDSBORO	STATE U SHAPED F BLDG	3	1		302	1 070 610	437 360
3	GOLDSBORO	STATE L SHAPED M BLDG	3	1		185	519 746	173 849
3	GOLDSBORO	STATE ASF	3	2	4		372 000	184 000
3	GOLDSBORO	STATE ASF	3	5	4		327 834	107 167
2	GOLDSBORO	WAYNE CO MEMORIAL	1	5		48	250 049	78 000
3	GREENSBORO	MOSES H CONE MEMORIAL	1	1		300	478 000	233 502
							5 277 023	468 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	GREENSBORO	GUILFORD CO HC	5	1			228 313	56 695
8	GREENSBORO	L RICHARDSON MEM	1	5	4	8	146 000	73 000
3	GREENVILLE	PITT COUNTY MEMORIAL	1	1		120	1 418 591	469 271
3	GREENVILLE	PITT CO MEM NRS HOME	1	2	2		138 888	58 471
3	GREENVILLE	PITT COUNTY HC	5	1			87 899	39 101
3	HALIFAX	HALIFAX COUNTY PHC	5	1			74 883	29 348
3	HENDERSON	MARIA PARHAM	1	5	4	31	485 560	211 761
3	HENDERSON	MARIA PARHAM NRS HOME	1	2	2		127 537	50 094
3	HENDERSONVILLE	MARGARET R PARDEE MEM	1	1		70	950 579	394 967
3	HENDERSONVILLE	MARGARET R PARDEE NH	1	2	2		140 048	46 878
3	HENDERSON	VANCE CO HC	5	1			51 684	25 012
8	HENDERSONVILLE	MARGARET R PARDEE MEM	1	2		30	290 000	131 438
8	HENDERSON	JUBILEE HOSP	1	1		30	388 000	189 229
3	HERTFORD	PERQUIMANS CO HC	5	1			33 013	14 351
3	HICKORY	CATAWBA COUNTY HC	5	1			65 574	28 677
8	HIGH POINT	HIGH POINT MEMORIAL	G4	5		80	835 080	414 047
8	HIGH POINT	HIGH POINT MEMORIAL ASF	1	2	4		114 000	55 494
8	HIGH POINT	HIGH POINT MEMORIAL	1	2		100	985 928	315 182
3	HIGH POINT	HIGH POINT MEM NH	1	2	2		307 418	104 176
3	HIGH POINT	GUILFORD CO HC	5	1			75 463	30 560
8	HIGH POINT	HIGH POINT MEMORIAL	1	5		60	787 021	390 189
3	JACKSON	NORTHAMPTON CO HC	5	1			48 069	20 862
3	JACKSONVILLE	ONSLOW COUNTY	1	4		50	793 368	388 889
3	JACKSONVILLE	ONSLOW COUNTY	1	5		85	108 293	46 436
3	JACKSONVILLE	ASHE COUNTY MEMORIAL NH	1	2	2		76 213	32 723
3	JEFFERSON	ASHE COUNTY MEMORIAL	1	5	4	22	386 236	169 840
8	JEFFERSON	ASHE COUNTY HC	5	1			33 350	16 409
3	KENANSVILLE	DUPLIN	1	1		50	691 908	830 654
3	KENANSVILLE	DUPLIN GENERAL NH	1	2	2		93 127	40 559
3	KENANSVILLE	DUPLIN COUNTY HC	5	1			63 240	27 400
3	KINGS MOUNTAIN	KINGS MOUNTAIN	1	1		24	231 712	82 569
3	KINGS MOUNTAIN	KINGS MOUNTAIN HOSP NH	1	2	2		47 881	15 249
3	KINGS MOUNTAIN	CLEVELAND CO HOSP	1	5	4	14	219 041	105 740
3	KINSTON	LENOIR CO HOSP	1	5	1	56	1 053 190	345 006
3	KINSTON	LENOIR CO PHC	5	1			74 389	34 251
3	LAURINBURG	SCOTLAND CO MEM	1	1		100	1 092 626	356 096
3	LAURINBURG	SCOTLAND CO MEM NH	1	2	2		200 894	88 266
3	LAURINBURG	SCOTLAND CO MEM	1	5	4	30	241 315	119 806
3	LAURINBURG	SCOTLAND CO HC	5	1			46 018	15 646
3	LENOIR	CALDWELL MEMORIAL	1	1		100	1 041 368	385 055
3	LENOIR	CALDWELL COUNTY PHC	5	1			66 419	28 469
3	LEXINGTON	DAVIDSON CO PHC	5	1			63 555	27 964
3	LILLINGTON	HARNETT CO HC	5	1			35 346	15 552
3	LINCOLNTON	LINCOLN CO HC	5	1			50 085	25 012
3	LOUISBURG	FRANKLIN COUNTY	1	1		50	574 470	184 399
3	LOUISBURG	FRANKLIN MEM NRS HOME	1	2	2		103 176	44 022
3	LOUISBURG	FRANKLIN CO HC	5	1			46 549	20 485
8	LUMBERTON	ROBESON COUNTY MEMORIAL	1	2		60	451 848	219 500
3	LUMBERTON	ROBESON CO MEMORIAL	1	1		148	1 410 809	594 699
3	LUMBERTON	ROBESON CO MEM NH	1	2	2		303 067	102 842
3	LUMBERTON	ROBESON COUNTY MEM ASF	1	2	4		54 916	27 106
3	LUMBERTON	ROBESON COUNTY PHC	5	3			49 990	21 930
3	MANTEO	DARE CO HC	5	1			36 773	12 308
3	MARION	MARION GENERAL	1	1		80	899 021	298 304
3	MARION	MCDOWELL CO HC	5	1			38 500	18 773
3	MARION	MARION GENERAL NH	1	1	2		118 984	39 178
8	MARSHALL	MADISON CO HC	5	1			33 350	16 675
3	MCCAIN	NC SANATORIUM ASF	2	5	4		107 166	35 722
3	MOCKSVILLE	DAVIE CO HOSP	1	1		36	378 772	172 500
3	MOCKSVILLE	DAVIE CO HC	5	1			29 383	14 306
3	MONROE	UNION MEMORIAL	1	1		100	1 293 837	559 085
3	MONROE	UNION MEMORIAL NH	1	2	2		178 569	59 339
3	MONROE	UNION MEMORIAL	1	5		25	94 745	46 029
3	MOORESVILLE	LOWRANCE	1	2	4	31	694 549	231 114
3	MORGANTON	GRACE	1	5	4	40	480 411	206 097
3	MORGANTON	GRACE ASF	1	2	4		73 877	30 800
3	MORGANTON	GRACE ARF	1	2	4		46 681	21 000
3	MORGANTON	STATE HOSP ARF	3	4	4		204 714	66 563
3	MORGANTON	BURKE CO HC	5	1			70 716	33 402
3	MT AIRY	NORTHERN HOSP NH	1	2	2		265 768	130 742
8	MT AIRY	NORTHERN HOSP	1	1		100	1 547 695	728 630

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	MURPHY	CHEROKEE COUNTY HC	5	1			29 921	14 911
3	NASHVILLE	NASH COUNTY HC	5	1			64 091	21 565
8	NEWLAND	AVERY CO HC	5	1			28 500	13 886
3	NO WILKESBORO	WILKES GENERAL	1	1		108	942 081	406 995
3	NO WILKESBORO	WILKES GENERAL NH	1	2	2		184 731	62 211
3	OXFORD	GRANVILLE CO HOSP	1	5	4	54	696 550	303 600
3	OXFORD	GRANVILLE HOSP NH	1	2	2		72 692	31 500
8	PINEHURST	GRANVILLE COUNTY HC	5	1			47 839	20 300
3	PITTSBORO	MOORE CO HOSP	1	2	4	32	441 350	215 526
3	PITTSBORO	CHATHAM CO HC	5	1			38 086	16 504
3	PLYMOUTH	WASHINGTON COUNTY	1	1		20	190 810	59 896
3	PLYMOUTH	WASHINGTON CO HC	5	1			36 988	17 964
8	PLYMOUTH	WASHINGTON COUNTY	1	2		10	53 800	26 201
3	RAEFORD	HOKE CO HC	5	1			34 854	16 675
8	RALEIGH	WAKE CO GENERAL	64	1		80	960 000	480 000
3	RALEIGH	ST AGNES ASF	1	4	4		86 356	36 984
3	RALEIGH	THE REX HOSP ASF	1	2	4		277 131	110 000
3	RALEIGH	DOBBIN INFIRMARY	3	6		100	366 911	170 000
8	RALEIGH	REX HOSPITAL	1	2		30	709 300	346 872
8	RALEIGH	WAKE CO GENERAL	1	1		300	4 400 017	1 550 000
8	RALEIGH	WAKE CO GENERAL DTC	9	1			200 000	100 000
3	REIDSVILLE	ANNIE PENN MEM	1	5	3		350 002	154 000
3	REIDSVILLE	ANNIE PENN MEM NH	1	4	2		102 772	45 012
8	REIDSVILLE	ROCKINGHAM CO HC	5	1			49 406	15 789
3	ROANOKE RAPIDS	ROANOKE RAPIDS	1	2		26	332 600	162 168
3	ROANOKE RAPIDS	ROANOKE RAPIDS	1	2	4	16	347 293	117 723
8	ROANOKE RAPIDS	ROANOKE RAPIDS ASF	1	2		12	181 770	79 767
1	ROBBINSVILLE	GRAHAM COUNTY HC	5	1	1		148 000	72 542
3	ROCKINGHAM	RICHMOND CO MEMORIAL	1	1		30	29 181	14 591
3	ROCKINGHAM	RICHMOND CO MEM NH	1	2	2		642 710	264 000
8	ROCKINGHAM	RICHMOND CO HC	5	1			96 983	28 574
3	ROCKY MOUNT	ROCKY MOUNT HC	5	1			63 966	30 890
3	ROXBORO	PERSON CO MEMORIAL	1	1		60	65 196	23 754
3	ROXBORO	PERSON CO MEM NRS HOME	1	2	2		799 003	240 000
3	ROXBORO	PERSON CO HC	5	1			98 836	43 488
3	RUTHERFORDTON	RUTHERFORD	1	5			39 923	13 519
3	RUTHERFORDTON	RUTHERFORD NH	1	2	2	70	778 769	334 007
8	RUTHERFORDTON	RUTHERFORD COUNTY PHC	3	1			111 357	50 000
		RUTHERFORD ASF	1	2	4		66 490	28 688
3	SALISBURY	ROWAN MEMORIAL					165 000	80 206
3	SALISBURY	ROWAN MEMORIAL NH	1	5	4	88	1 275 837	539 748
3	SALISBURY	ROWAN MEMORIAL	1	2	2		309 817	100 865
3	SANFORD	ROWAN CO HC	1	2	4	25	214 357	99 003
		LEE CO HOSP	3	1			234 216	40 354
3	SANFORD	LEE CO HC	1	5		29	388 518	169 174
8	SCOTLAND NECK	HALIFAX CO COMM CLINIC	5	1			34 359	16 675
8	SHALLOTTE	BRUNSWICK CO HC	1	1		20	161 484	53 333
3	SHELBY	SHELBY	5	1			34 350	16 675
3	SHELBY	CLEVELAND CO HOSP	1	5	4	36	600 053	284 000
			1	5	4	75	419 114	199 506
3	SHELBY	CLEVELAND CO HC	5	1			63 848	31 870
3	SILER CITY	CHATHAM	1	1		50	623 000	200 000
1	SILER CITY	CHATHAM NRS HOME	1	2	2		81 912	36 041
3	SMITHFIELD	CHATHAM ASF	1	2	4		50 000	25 000
		JOHNSTON MEMORIAL	1	1		100	1 032 475	339 878
3	SMITHFIELD	JOHNSTON MEM NRS HOME	1	2	2		199 957	87 441
3	SMITHFIELD	JOHNSTON MEMORIAL ASF	1	2	4		35 561	16 937
8	SMITHFIELD	JOHNSTON CO HC	5	1			66 335	28 563
3	SNOW HILL	GREENE COUNTY PHC	3	1		32	349 000	170 124
3	SOUTHPORT	J ARTHUR DOSHER ASF	1	5	4		51 872	19 810
3	SPARTA	ALLEGHANY CO MEMORIAL	1	1			109 998	36 434
8	SPARTA	ALLEGHANY CO HC	5	1		20	159 529	52 082
3	SPRUCE PINE	ALLEGHANY CO MEMORIAL	1	2			31 784	13 948
		SPRUCE PINE COMM	1	1		11	48 000	23 438
3	STATESVILLE	IREDELL MEMORIAL				35	394 373	171 775
3	STATESVILLE	IREDELL MEMORIAL NH	1	1		100	1 158 234	393 021
3	STATESVILLE	IREDELL CO HC	1	2	2		118 997	58 358
3	SWAN QUARTER	HYDE CO HC	5	1			59 645	29 703
3	SYLVA	JACKSON COUNTY HC	5	1			34 760	11 552
8	SYLVA	C J HARRIS COMM HOSP	5	1			30 603	14 717
			1	1		50	761 522	363 983

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED SHARE
3	TARBORO	EDGECOMBE CO PHC	5	1			68 860	38 936
3	TAYLORSVILLE	ALEXANDER COUNTY	1	1		20	201 303	61 333
3	TAYLORSVILLE	ALEXANDER CO HC	5	1			38 059	13 639
3	THOMASVILLE	CITY MEM HOSP	1	2		65	438 175	259 578
3	TROY	MONTGOMERY COUNTY	1	1		40	538 480	160 000
3	TROY	MONTGOMERY COUNTY	1	5		10	55 098	26 643
3	TRYON	ST LUKES HOSPITAL	1	5		15	193 869	58 650
3	WADESBORO	ANSON COUNTY	1	4		50	702 580	234 881
3	WADESBORO	ANSON CO HOSP NH	1	2	2		116 699	57 850
3	WADESBORO	ANSON CO HC	5	1			57 185	28 563
3	WARRENTON	WARREN COUNTY	1	1		35	358 150	111 551
3	WARRENTON	WARREN COUNTY HC	5	1			40 088	17 630
3	WASHINGTON	BEAUFORT COUNTY PHC	5	1			64 715	28 153
3	WASHINGTON	BEAUFORT CO MEMORIAL	1	1		100	1 539 000	731 475
3	WAYNESVILLE	HAYWOOD COUNTY	1	5	4	49	697 847	295 840
3	WAYNESVILLE	HAYWOOD COUNTY HC	5	1			56 844	27 345
3	WHITEVILLE	COLUMBUS CO HOSP	1	5	4	18	444 615	190 809
3	WHITEVILLE	COLUMBUS COUNTY NH	1	1	2		74 855	35 847
3	WHITEVILLE	COLUMBUS CO HC	5	1			69 028	32 675
1	WHITEVILLE	COLUMBUS CO HOSP	1	2		25	300 000	150 000
3	WILKESBORO	WILKES COUNTY HC	5	1			79 011	29 348
3	WILLIAMSTON	MARTIN COUNTY PHC	5	1			53 474	28 011
3	WILSON	WILSON CO PHC	5	1			59 155	30 014
3	WINDSOR	BERTIE COUNTY MEMORIAL	1	1		50	689 509	267 742
3	WINDSOR	BERTIE CO MEMORIAL NH	1	2	2		81 338	35 888
3	WINTON	HERTFORD COUNTY PHC	5	1			80 484	31 517
3	YADKINVILLE	LULA CONRAD HOOTS	1	1		30	383 449	151 900
3	YADKINVILLE	LULA CONRAD HOOTS	1	5		10	49 168	24 445
3	YADKINVILLE	YADKIN COUNTY HC	5	1			33 493	16 675
3	YANCEYVILLE	CASWELL COUNTY PHC	5	1			38 540	16 659
	NORTH DAKOTA							
3	ASHLEY	MCINTOSH CO MEM	1	1		14	256 151	118 333
8	BISMARCK	ST VINCENTS NRSNG HOME	0	1		77	737 648	244 388
3	BOWMAN	BOWMAN COMM	1	1		30	340 481	113 413
3	CANDO	TOWNER CO MEML	1	1		20	474 443	219 538
8	CARRINGTON	CARRINGTON HOSP	1	6		24	393 611	178 880
3	CAVALIER	PEMBINA CO MEML	1	1		28	289 236	133 049
3	COOPERSTOWN	GRIGGS COUNTY	1	1		26	410 819	136 404
8	DICKINSON	ST LUKES HOME	0	1		42	357 899	160 034
3	ELGIN	ELGIN MEMORIAL EQ	1	1			30 149	10 080
3	ELLENDALE	DICKEY COUNTY EQ	1	1			280 880	81 868
8	FARGO	FARGO NURSING HOME	0	1		102	648 438	295 881
8	FARGO	ST LUKES HOSP N H	1	2	6		826 338	347 680
3	GARRISON	GARRISON COMMUNITY	1	1		25	485 386	151 309
8	GRAND FORKS	N DAKOTA MED CTR RF	6	2			288 908	130 138
8	GRAND FORKS	N DAKOTA MED CTR OTC	9	2			49 160	88 414
8	HANKINSON	ST GERARDS COMMUNITY	1	2		11	148 596	65 594
3	HETTINGER	HETTINGER COMM MEM	1	1		28	320 010	98 777
3	JAMESTOWN	STATE HOSPITAL	3	5	4	204	1 186 837	318 134
8	KENMARE	KENMARE DEACONESS	1	1		34	509 178	231 830
3	LISBON	LISBON COMM MEM	1	1		20	246 443	110 971
3	MADDOCK	MADDOCK MEMORIAL	1	1		21	251 764	118 893
8	MCVILLE	COMMUNITY HOSP	1	2	4	*	248 791	108 098
8	MINOT	TRINITY HOSPITAL	1	5		* 2	174 106	301 179
3	MOHALL	RENVILLE BOTTENEAU EQ	1	1			258 378	91 817
8	NEW ROCKFORD	CITY HOSPITAL	1	5	4	14	286 856	131 478
8	OAKES	OAKES COMMUNITY	1	1	2	30	501 845	284 780
3	STANLEY	STANLEY COMMUNITY	1	1		21	301 949	136 470
3	TURTLE LAKE	TURTLE LAKE COMM EQ	1	1			134 867	18 788
3	VALLEY CITY	CHEYENNE VALLEY MEM	4	1		60	785 708	281 495
3	WATFORD CITY	MCKENZIE CO COMM	1	1		18	249 189	83 287
3	WISHEK	WISHEK	1	1		16	850 094	114 981
	OHIO							
3	AKRON	CITY HOSP OF AKRON	1	5	3	75	1 631 864	151 649
3	AKRON	PEOPLES	1	5	4	260	8 419 138	1 379 873
8	AKRON	CITY HOSP OF AKRON	0	2		39	873 530	101 897
8	AKRON	EDWIN SHAW SANATORIUM	2	5		46	881 898	166 667
3	ALLIANCE	ALLIANCE CITY	7	5	4	119	1 934 878	607 881

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	ASHLAND	SAMARITAN	1	7		56	776 246	209 250
3	ASHTABULA	ASHTABULA GENERAL	1	1		100	1 786 218	595 406
3	BARBERTON	BARBERTON CITIZENS	1	1	3	233	3 311 599	1 025 001
3	BARNESVILLE	BARNESVILLE	1	6		35	396 624	132 208
3	BAY VILLAGE	BAY VIEW	1	5		30	371 696	120 357
3	BELLAIRE	THE CITY HOSP	1	6	4	74	1 080 000	360 000
3	BELLEFONTAINE	MARY RUTAN	1	2		34	436 740	101 715
3	BELLEVUE	BELLEVUE	1	5		22	404 741	134 914
3	BOWLING GREEN	WOOD COUNTY	1	1		54	839 767	279 922
3	CAMBRIDGE	GUERNSEY MEMORIAL	7	1		84	1 185 910	395 304
3	CANTON	TIMKEN MERCY EQ	1	2			470 000	23 333
3	CANTON	MOLLY STARK SAN	2	2		108	803 256	267 752
1	CHARDON	GEAUGA HOSP	1	1		51	956 200	316 566
3	CHILLICOTHE	THE CHILLICOTHE	1	5		51	1 030 039	343 346
3	CINCINNATI	HAMILTON CO CHRON DIS	4	1		380	4 695 528	1 195 520
2	CINCINNATI	CHILD GUIDANCE HOME	1	2		*	440 869	125 356
2	CINCINNATI	GOOD SAMARITAN	1	2		*	5 805 440	1 347 480
3	CLEVELAND	FAIRVIEW PARK	1	1		188	4 542 469	1 245 532
2	CLEVELAND	JEWISH CONVALESCENT	0	1		100	1 907 600	544 655
2	CLEVELAND	UNIVERSITY HOSPITALS	1	2		*	2 720 097	500 000
2	CLEVELAND	ST LUKES HOSP	1	2		23	273 454	91 151
3	COLUMBUS	COLUMBUS HC	5	1		1	1 148 660	321 908
3	CONNEAUT	BROWN MEMORIAL	1	5		35	561 240	187 080
3	COSHOCTON	COSHOCTON CO MEMORIAL	1	6		89	2 000 000	400 000
3	CUYAHOGA FALLS	GREEN CROSS GEN	1	1		50	800 000	200 796
3	DAYTON	ST ELIZABETHS	1	5		174	4 105 254	1 003 208
3	DAYTON	GOOD SAMARITAN	1	5	1	155	2 034 678	512 987
3	DEFIANCE	THE DEFIANCE	7	1	3	66	999 303	333 101
2	DELAWARE	JANE M CASE HOSP	1	5	4	86	1 102 092	293 517
3	DOVER	UNION	7	5		84	1 337 345	429 664
2	EAST LIVERPOOL	EAST LIVERPOOL CITY	1	5		139	1 723 403	399 276
3	EAST TOLEDO	ST CHARLES	1	1		*	5 271 449	1 136 317
3	ELYRIA	ELYRIA MEMORIAL	1	5		118	1 941 690	551 703
3	EUCLID	EUCLID GLENVILLE	1	1		172	3 319 676	1 050 785
2	FINDLAY	BLANCHARD VALLEY	1	4		166	3 311 176	675 000
3	GALION	GALION CITY	1	2		25	267 794	52 351
1	GALLIPOLIS	HOLZER HOSP	1	5	4	*	936 000	250 000
3	GARFIELD HTS	MARYMOUNT EQ	1	1			101 497	33 838
3	GENEVA	MEMORIAL	1	1		24	399 509	133 170
3	GEORGETOWN	BROWN COUNTY	1	1		42	580 046	193 348
3	HICKSVILLE	COMMUNITY MEM EQ	1	1	1		236 854	12 308
3	IRONTON	LAWRENCE CO GEN EQ	7	2			1 103 681	314 607
3	KENTON	HARDIN MEMORIAL	1	1		44	509 068	154 689
2	LIMA	LIMA CONV HOME	0	1		52	598 547	169 183
2	LIMA	DISTRICT TB HOSP	2	7	4	138	945 814	30 000
1	LODI	LODI COMMUNITY HOSP	1	2		22	450 000	150 000
3	LORAIN	ST JOSEPH	1	2		68	768 178	255 059
3	LORAIN	LORAIN MC	8	5			38 951	12 984
3	MANSFIELD	RICHLAND CO TB SAN	2	1		84	777 533	88 333
3	MARIETTA	MARIETTA MEMORIAL	1	5		52	703 507	234 502
3	MARION	MARION	1	1		140	2 897 427	847 511
2	MARTINS FERRY	MARTINS FERRY HOSP	1	5	4	49	877 272	292 424
3	MARYSVILLE	UNION COUNTY	7	1		85	586 500	195 500
2	MASSILLON	MASSILLON CITY HOSP	1	2	4	92	1 345 211	114 589
3	MONTPELIER	WM CO JOINT TOWNSHIP	7	1		35	686 401	193 967
3	MT VERNON	MERCY	1	2		86	1 001 959	333 987
3	NELSONVILLE	SOUTHEAST OHIO HOSP	2	1		77	1 810 344	350 000
3	NELSONVILLE	MOUNT SAINT MARY	7	1		74	1 364 901	421 634
3	NEWARK	NEWARK HOSP	1	5		61	772 989	188 867
3	OAK HILL	OAK HILL COMM EQ	1	1			120 904	6 968
2	OAK HILL	OAK HILL COMM MED CTR	1	2		28	711 536	100 000
1	PAINESVILLE	LAKE CO MEMORIAL	1	5	4	99	2 250 000	750 000
2	PORT CLINTON	M S MAGNUDER MEM	1	2		30	778 758	259 586
3	PORTSMOUTH	MERCY EQ	1	5			1 624 000	88 778
3	PORTSMOUTH	MERCY NH	1	2	2		760 656	229 518
2	RAVENNA	ROBINSON MEM PORTAGE CO	1	5	4	*	2 399 810	715 588
3	SANDUSKY	GOOD SAMARITAN	1	5		47	939 097	313 032
3	SANDUSKY	PROVIDENCE	1	5		63	1 369 174	418 459
3	SPRINGFIELD	MERCYCREST EQ	1	1			449 570	83 190
3	ST MARYS	JOINT TOWNSHIP DIST	1	1		50	772 101	257 367
1	STEUBENVILLE	ST JOHNS HOSP	1	1		100	2 850 000	750 000

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1	STEUBENVILLE	OHIO VALLEY HOSP	1	5		40	850 000	266 667
3	TIFFIN	MERCY HOSP	1	5	4	64	1 196 908	338 667
3	TOLEDO	ST VINCENTS EQ	1	2			487 888	168 689
3	TOLEDO	ST LUKES EQ	1	2			636 273	48 425
3	TOLEDO	CIVIC HEALTH CENTER	5	1			1 114 083	346 865
							980 405	109 009
		FLOWER HOSP DTC	9	5	4		417 547	139 188
3	TOLEDO	WYANDOT MEMORIAL	1	1		25	899 487	299 809
3	UPPER SANDUSKY	MERCY MEMORIAL	1	1		50	1 750 000	525 000
3	URBANA	VAN WERT CO HOSP	1	1		•	1 955 417	381 715
1	VAN WERT	ST JOSEPHS RIVERSIDE	1	5	4	•		
3	WARREN						907 163	785 981
		TRUMBULL MEMORIAL	1	2	4	198	2	889 367
3	WARREN	CUYAHOGA CO CHRONIC	4	3		440	254 905	810 000
3	WARRENSVILLE H	FAYETTE MEMORIAL	7	1		38	638 000	255 141
3	WASHINGTON CH	PIKE COUNTY HOSP	1	1		54	780 488	138 803
3	WAVERLY	ADAMS COUNTY	7	1		22	384 610	
3	WEST UNION						58 183	19 374
		WILLARD MUNICIPAL EQ	1	2		65	917 861	305 953
3	WILLARD	CLINTON MEMORIAL	1	1			1 480 533	439 588
3	WILMINGTON	GOODWILL INDUSTRIES RF	6	1		70	1 466 680	196 486
3	WOODLAWN	WOOSTER COMMUNITY	7	1		75	1 356 679	440 560
3	WOOSTER	GREENE COUNTY MEM	7	1				
3	XENIA						3 028 061	988 688
		YOUNGSTOWN	1	2	4	178	5 040 838	810 000
3	YOUNGSTOWN	ST ELIZABETH	1	2	4	147	430 159	143 386
3	YOUNGSTOWN	YOUNGSTOWN DTC	9	2				
1	YOUNGSTOWN							
	OKLAHOMA							
		JACKSON COUNTY	1	1		47	459 054	151 553
3	ALTUS	SOUTHERN OKLA MEML	1	1		100	1 545 878	478 000
3	ARDMORE	ATOKA MEMORIAL	1	1		25	350 000	170 000
3	ATOKA	WASHINGTON CO MEMORIAL	1	5		42	846 850	275 837
3	BARTLESVILLE	BEAVER CO	7	1		25	393 176	199 655
3	BEAVER						73 986	33 328
		CHILDRENS CONV ASF	G4	5	4		158 873	81 600
3	BETHANY	CHILDRENS CONV	4	5		83	47 675	23 668
3	BETHANY	BIXBY AUX HC	5	1			977 704	434 639
3	BIXBY	BLACKWELL	1	1		60	849 300	148 455
3	BLACKWELL	CIMARRON COUNTY	1	1		20		
3	BOISE CITY						335 353	166 983
		BRISTOW HEALTH CENTER	7	1		24	55 580	27 716
3	BRISTOW	BROKEN ARROW AUX HC	5	1			1 440 000	510 000
3	BROKEN ARROW	GRADY CO MEM AND HC	7	1		75	342 645	168 888
1	CHICKASHA	CLAREMORE MLTH CTR	7	1		24	66 330	33 118
3	CLAREMORE	CLAREMORE HC	7	1		12		
1	CLAREMORE						54 996	29 287
		WESTERN OKLA TB SAN ASF	2	2	4		118 794	53 455
3	CLINTON	OKLAHOMA GENERAL ASF	1	3	4		759 724	481 747
3	CLINTON	WESTERN OKLA TB SAN	2	2		134	112 878	64 418
3	CLINTON	COAL CO GEN	1	1		14	804 000	100 000
3	COALGATE	RUTH WILSON HURLEY	0	1		38		
1	COALGATE						58 875	26 437
		COLLINSVILLE AUX HC	5	1			851 581	30 309
3	COLLINSVILLE	CORDELL MEMORIAL EQ	1	2			366 070	122 023
3	CORDELL	CUSHING MUNICIPAL	1	5		32	164 305	82 153
3	CUSHING	KINGS DAUGHTERS SONS	0	1		34	688 458	308 808
3	DURANT	BRYAN MEMORIAL HC	7	1		40		
3	DURANT						574 446	286 500
		EL RENO MUNICIPAL	1	1		40	1 649 084	590 478
3	EL RENO	ST MARYS	1	2		124	178 643	58 803
3	ENID	FAIRFAX MUNICIPAL	1	1		23	341 468	108 588
3	FAIRFAX	WESTERN STATE HOSPITAL	3	2		150	350 588	198 085
3	FORT SUPPLY	WESTERN STATE HOSPITAL	3	2		88		
3	FORT SUPPLY						310 031	140 408
		WESTERN STATE HOSPITAL	3	2		77	663 377	358 184
3	FORT SUPPLY	WESTERN STATE HOSPITAL	3	2		200	517 328	224 890
3	FORT SUPPLY	TILLMAN CO HC	7	1		32	280 677	93 559
3	FREDERICK	GUYMON CITY	1	1		25	321 450	146 450
3	GUYMON	HARMON CO HORP	1	1		20		
1	HOLLIS						298 698	97 566
		CHOCTAW COUNTY HC	7	1		32	75 000	37 500
3	HUGO	CHOCTAW MEMORIAL	1	5		6	309 621	149 795
1	HUGO	MCCURTAIN CO	1	1		24	183 790	38 591
3	IDABEL	COMMUNITY	1	1		80	358 059	156 671
3	KINGFISHER	COMANCHE CO MEMORIAL	G4	3		40		
3	LAWTON						935 714	306 338
		COMANCHE CO MEMORIAL	1	1	3	100	89 965	14 985
3	LAWTON	LAWTON COMANCHE CO HU	5	3	4		260 008	86 653
3	MCALESTER	CENTRAL STATE HOSPITAL	1	5		69	341 000	103 000
3	MCALESTER	ST MARYS	1	5		28	33 980	16 960
3	MIAMI	OTSAWA CO HC	5	4				
							20 000	18 000
3	MUSKOGEE	CY CO HEALTH DEPT ASF	5	2	1			

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	MUSKOGEE	MUSKOGEE GENERAL	1	1		110	2 048 000	665 000
3	MUSKOGEE	CY CO HEALTH DEPT ASF	5	8	4		14 837	7 419
3	NORMAN	NORMAN MUNICIPAL	1	5		32	687 322	230 051
3	NORMAN	CENTRAL STATE HOSP	3	2		54	490 864	162 568
3	NORMAN	CENTRAL STATE HOSPITAL	3	3		35	372 706	124 835
3	NORMAN	CENTRAL STATE ASF	3	5	4		1 185 421	392 371
3	NORMAN	CENTRAL STATE HOSPITAL	3	2		188	665 902	366 917
3	NORMAN	CENTRAL STATE HOSP	3	2		193	360 511	107 794
3	NORMAN	CENTRAL STATE HOSPITAL	3	2		188	673 404	354 106
3	NOWATA	NOWATA	1	1		30	149 405	48 135
3	OKARCHE	OKARCHE MEMORIAL EQ	1	1			33 723	11 241
3	OKEENE	OKEENE MUNICIPAL	1	4		28	239 719	127 693
3	OKEMAH	OKFUSKEE COUNTY	1	1		35	294 392	98 447
3	OKLAHOMA CITY	U OF OKLA BCH OF MED NM	1	2	2		254 752	152 851
3	OKLAHOMA CITY	U OF OKLA BCH OF MED EQ	1	5			105 261	35 087
3	OKLAHOMA CITY	ST VINCENTS HOME	0	5	4	23	128 621	50 000
3	OKLAHOMA CITY	EDWARDS MEMORIAL EQ	1	1			84 486	28 162
3	OKLAHOMA CITY	MERCY HOSP	1	5	6	181	1 265 683	565 386
3	OKLAHOMA CITY	DEACONESS HOSPITAL	1	5		14	175 080	77 900
3	OKLAHOMA CITY	CRIPPLED CHILDRENS EQ	1	2			22 442	7 481
3	OKLAHOMA CITY	CRIPPLED CHILDRENS EQ	1	2			722 255	49 399
3	OKLAHOMA CITY	MERCY ASF	1	5	4		463 309	231 654
3	OKLAHOMA CITY	UNIVERSITY HOSP R F	6	2			204 897	102 449
3	OKLAHOMA CITY	STATE DEPT HLTH LAB	8	2			65 833	21 944
3	OKLAHOMA CITY	STATE DEPT HLTH LAB	8	3			170 453	102 272
3	OKLAHOMA CITY	MERCY DTC	9	2			98 977	49 489
3	OKLAHOMA CITY	U OF OKLA BCH OF MED	1	2			1 496 700	897 358
3	OKLAHOMA CITY	ST ANTHONYS HOSP	1	5	4	60	1 372 437	502 500
3	OKLAHOMA CITY	MERCY HOSP NM	1	4	2	116	360 818	120 273
3	OKLAHOMA CITY	ST ANTHONYS DTC	9	2			298 336	73 978
1	OKLAHOMA CITY	UNIVERSITY HOSP	1	2	3		500 000	250 800
1	OKLAHOMA CITY	MERCY HOSP ASF	1	2	4		412 000	206 200
1	OKLAHOMA CITY	ST ANTHONYS HOSP	1	5		109	2 474 579	337 500
3	PERRY	PERRY MUNICIPAL	1	1		30	365 009	207 272
3	PONCA CITY	KAY COUNTY HC	5	1			179 337	97 893
3	POTEAU	LEFLORE COUNTY MEM	1	1		40	372 544	124 181
3	PRYOR	GRAND VALLEY HOSP	1	1		32	464 525	219 971
3	SALLISAW	SEQUOYAH COUNTY	1	1		24	101 765	33 981
3	SAND SPRINGS	SAND SPRINGS AUX HC	5	1			67 808	33 904
3	SEMINOLE	SEMINOLE MEM HOSP	1	2		31	258 899	154 823
3	SKIATOOK	SKIATOOK AUX HC	5	1			50 259	25 129
3	STILLWATER	STILLWATER MUNICIPAL	1	2		45	400 089	133 363
3	STILLWATER	STILLWATER MUNICIPAL	1	2		17	97 070	57 857
2	STILLWATER	CITY COUNTY HU	5	1			65 895	32 947
2	STILLWATER	PAYNE CO STILLWATER EQ	5	1			8 187	4 093
3	STILWELL	STILWELL COMM CLINIC	7	1		18	182 318	105 947
1	SULPHUR	MURRAY CO HC	7	1		25	522 500	212 500
3	TAHLEQUAH	TAHLEQUAH CITY HOSP	1	5		24	235 000	110 000
3	TALIHINA	EASTERN OKLA TB SAN ASF	2	2	4		151 174	90 704
3	TALIHINA	EASTERN OKLA TB SAN	2	2		66	389 287	233 572
3	TALIHINA	EASTERN OKLA TB SAN	2	2		47	409 491	245 694
3	THOMAS	THOMAS MEM EQ	1	1			34 691	20 814
3	TULSA	CHILDRENS MED CTR	54	5	4	20	365 286	117 756
1	TULSA	OKLA OSTEOPATHIC	54	2		34	228 007	114 003
3	TULSA	CHILDRENS MED CTR EQ	4	1			234 758	27 820
3	TULSA	HILLCREST MEM NH	1	2	2			
3	TULSA	HILLCREST MEMORIAL	1	5		152	2 272 192	90 731
3	TULSA	OKLAHOMA OSTEOPATHIC	1	5	4	38	2 094 339	1 160 681
3	TULSA	ST JOHNS	1	5	4	*	3 203 006	784 000
		TULSA CITY CO HD	5	1			418 828	207 485
3	TULSA	ST JOHNS HOSP DTC	9	2			531 202	130 022
2	TULSA	HILLCREST MED CENTER	1	2	4	127	2 196 371	383 334
1	TULSA	OKLA OSTEOPATHIC	1	2		74	920 492	369 769
1	TULSA	HILLCREST MED CTR ASF	1	2	4		506 841	100 000
1	TULSA	OKLA OSTEOPATHIC DTC	9	2			150 548	75 274
3	VINITA	EASTERN STATE HOSPITAL	3	1		30	112 500	37 500
3	VINITA	EASTERN STATE HOSPITAL	3	2		200	502 832	282 895
3	VINITA	EASTERN STATE HOSPITAL	3	2		111	360 248	205 623
3	WATONGA	EASTERN STATE HOSPITAL	3	2		111	375 106	214 346
		WATONGA MUNICIPAL	1	1		20	199 080	66 360
3	WEWOKA	SEMINOLE COUNTY HD	5	1			127 012	42 337

STATUS	LOCATION	NAME	CATEGORY	TYPE COMET	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	WOODWARD	WOODWARD MEMORIAL	1	1		47	592 097	320 368
	OREGON							
8	ALBANY	ALBANY GENERAL	1	5		22	428 877	85 268
1	BANDON	SOUTHERN COOS GENERAL	1	1		20	317 000	105 000
3	BEND	ST CHARLES MEMORIAL	1	6		55	928 904	309 635
8	BEND	ST CHARLES MEMORIAL	1	5		41	487 776	100 000
3	BURNS	HARNEY COUNTY	1	1		31	321 128	106 374
3	CORVALLIS	GOOD SAMARITAN	1	2	4	36	266 800	88 933
8	CORVALLIS	GOOD SAMARITAN	1	2		21	229 866	76 622
3	COTTAGE GROVE	COTTAGE GROVE	1	1		30	308 515	102 505
3	ENTERPRISE	WALLOWA MEMORIAL	1	1		30	301 169	100 390
3	EUGENE	SACRED HEART GENERAL	1	2		128	1 500 000	500 000
8	EUGENE	CITY COUNTY PHC	5	1			197 497	65 820
3	FLORENCE	WESTERN LANE DIST HOSP	1	1		20	290 708	96 903
3	GOLD BEACH	CURRY GENERAL	1	1		11	140 441	45 878
8	GOLD BEACH	CURRY GENERAL	1	2		10	38 994	12 998
3	HEPPNER	PIONEER MEMORIAL	1	1		15	836 189	70 730
3	HEPPNER	PIONEER MEM AND PHC	7	2		15	133 537	34 234
3	HERMISTON	HERMISTON CDMM	1	1	4	30	450 000	127 074
8	HOOD RIVER	HOOD RIVER MEM	1	5	4	34	550 211	175 000
3	LEBANON	LEBANON COMMUNITY	1	1		49	671 120	193 647
8	LEBANON	LEBANON COMMUNITY	0	2		28	238 853	69 333
8	MEDFORD	ROGUE VALLEY MEM	1	1		80	2 435 988	563 960
3	NEWPORT	PACIFIC COMMUNITIES	1	1		17	281 615	91 401
8	NEWPORT	PACIFIC COMMUNITIES	1	5		9	56 383	18 258
8	NORTH BEND	MERCY NURSING HOME	0	1		88	1 312 689	433 563
8	NORTH BEND	KEIZER MEMORIAL	1	2		26	237 239	45 000
8	NORTH BEND	KEIZER MEMORIAL	1	5		24	167 186	46 400
1	ONTARIO	HOLY ROSARY HOSP	1	2	4	*	993 000	331 000
3	PENDLETON	EASTERN OREGON STATE EQ	3	2	4		1 049 008	14 649
3	PORTLAND	EMANUEL	1	2		134	2 146 173	418 884
3	PORTLAND	GOOD SAMARITAN	1	5		261	3 242 400	789 000
3	PORTLAND	HOLLADAY PARK	1	2		72	1 037 775	385 150
3	PORTLAND	ST VINCENTS HOSP	1	2		81	1 256 988	307 353
3	PORTLAND	OREGON STATE HYG LAB	8	1			2 368 414	87 012
3	PORTLAND	UNIV OF OREGON DTC EQ	9	2			217 148	70 389
8	PORTLAND	PORTLAND OSTEOPATHIC	1	1		80	871 848	832 842
8	PORTLAND	MULTNOMAH COUNTY HC	5	1			346 128	80 098
8	PORTLAND	UNIV OF OREGON DTC	9	3			348 719	56 028
8	PORTLAND	UNIV OF OREGON DTC	9	2			133 000	21 000
1	PORTLAND	WOMANS CONV HOME	0	4		18	135 397	67 698
3	ROSEBURG	DOUGLAS COMMUNITY	1	1		43	569 948	181 464
3	ROSEBURG	MERCY	1	2		47	415 833	138 608
3	SALEM	SALEM GENERAL	1	2		60	1 008 119	307 881
3	SALEM	SALEM MEMORIAL	1	5		48	344 913	89 486
3	SALEM	OREGON STATE HOSPITAL	3	2		130	779 410	239 803
8	SALEM	SALEM MEMORIAL ASF	1	2	4		782 277	178 641
1	SALEM	SALEM GENERAL	1	3		64	38 908	12 967
3	SPRINGFIELD	MCKENZIE WILLAMETTE	1	1		35	497 445	155 100
3	ST HELENS	COLUMBIA DISTRICT	1	1		34	522 500	159 800
3	STAYTON	SANTIAM MEMORIAL	1	1		34	374 158	124 719
1	THE DALLES	THE DALLES GENERAL	1	1		75	1 200 000	400 000
3	TILLAMOOK	TILLAMOOK COUNTY	1	1		75	1 185 918	391 398
	PENNSYLVANIA							
3	ABINGTON	ABINGTON MEM HOSP	1	5	4	*	2 347 158	878 434
3	ALIQUIPPA	ALIQUIPPA	1	1		99	2 306 772	744 591
3	ALTOONA	ALTOONA ASF	1	4	4		788 719	260 907
3	ALTOONA	ALTOONA	1	2	3	104	1 444 179	548 651
3	BEDFORD	MEMORIAL OF BEDFORD CO	1	1	3	85	1 202 809	481 124
3	BELLEFONTE	CENTRE COUNTY	1	5	4	62	1 170 528	468 211
8	BELLEFONTE	CENTRE COUNTY	1	5		48	1 200 447	238 000
3	BELLEVUE	SUBURBAN GENERAL	1	5		32	636 213	99 105
8	BELLEVUE	SUBURBAN GENERAL	1	5		82	998 628	300 000
3	BERWICK	BERWICK HOSP	1	1		84	1 326 823	405 624
2	BERWICK	BERWICK HOSP DTC	9	1			85 127	15 376
2	BETHLEHEM	ST LUKES	1	5	4	*	865 157	278 708
2	BETHLEHEM	ST LUKES ASF	1	5	4		801 447	102 196

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	BETHLEHEM	ST LUKES	1	5	4	160	2 870 477	800 000
2	BRADDOCK	BRADDOCK GENERAL NS	1	5	6		589 094	233 899
2	BRADDOCK	BRADDOCK GENERAL	1	5		90	1 817 344	470 000
3	BRADFORD	BRADFORD	1	6	4	168	1 893 114	631 038
3	BRISTOL	LOWER BUCKS CO	1	1		162	3 524 565 1	804 194
3	BROOKVILLE	BROOKVILLE	1	5	4	38	487 689	153 549
3	BRYN MAWR	BRYN MAWR NH	1	2	2		901 328	360 531
3	BUTLER	BUTLER COUNTY MEMORIAL	1	5	2	*	3 872 263 1	363 541
3	CANNONSBURG	CANNONSBURG GENERAL	1	5	4	53	751 438	290 523
3	CARLISLE	CARLISLE	1	2		48	1 002 876	179 654
3	CHAMBERSBURG	THE CHAMBERSBURG	1	2		129	1 911 124	637 041
1	CHESTER	J LEWIS CROZER HOSP	1	2	4	68	765 073	244 245
1	CHESTER	SACRED HEART GENERAL	1	1		200	3 846 760	800 000
3	CLEARFIELD	CLEARFIELD	1	5	5	54	1 294 992	431 664
3	CORRY	CORRY MEMORIAL	1	1		50	729 309	243 103
3	DANVILLE	GEO F GEISINGER MEM	1	2	3	*	1 492 926	497 642
3	E STROUDSBURG	GEN HOSP OF MONROE CO	1	5	3	*	1 332 765	436 115
3	EASTON	EASTON HOSP NURSES HOME	1	2	2		388 501	155 400
3	EASTON	EASTON HOSP	1	5	3	112	2 271 802	824 152
1	ERIE	HAMOT HOSP	1	2		*	3 298 395	107 000
3	GREENSBURG	WESTMORELAND	1	5	4	*	2 322 601	928 947
8	GREENVILLE	GREENVILLE HOSP	G4	2		31	375 000	89 250
3	GROVE CITY	GROVE CITY	1	5	4	27	674 797	269 919
1	HARRISBURG	HARRISBURG POLYCLINIC	G4	2		46	459 999	153 333
3	HARRISBURG	HARRISBURG POLYCLINIC	1	5	3	167	3 275 986 1	217 234
3	HARRISBURG	HARRISBURG	1	5	3	*	4 460 886 1	712 031
8	HARRISBURG	DAUPHIN CO HOME	0	5		164	1 372 768	359 026
1	HARRISBURG	HARRISBURG POLYCLINIC	1	2		22	229 998	76 666
8	HOMESTEAD	HOMESTEAD HOSP	1	5		102	2 422 205	500 000
3	HONESDALE	WAYNE COUNTY MEM	1	1	3	61	810 947	270 316
3	HUNTINGDON	J C BLAIR MEMORIAL	1	5	4	98	1 132 198	377 399
8	INDIANA	INDIANA HOSPITAL OTC	9	2			1 110 151	240 533
8	JEANNETTE	JEANNETTE DIST MEM	1	1		100	1 912 531	282 485
8	JEANNETTE	JEANNETTE DIST MEM OTC	9	1			52 545	17 515
8	JOHNSTOWN	CONEMAUGH VALLEY ASF	1	5	3		2 592 905	308 941
3	KITTANNING	ARMSTRONG CO	1	5		55	909 795	363 918
8	LANCASTER	ST JOSEPHS	G4	2		49	658 272	219 424
3	LANCASTER	LANCASTER GENERAL	1	5	3	205	3 143 456	906 743
3	LANCASTER	LANCASTER OSTEOPATHIC	1	2		34	830 271	303 759
3	LANCASTER	ST JOSEPHS HOSP	1	1	1	265	3 543 046 1	412 191
8	LEBANON	GOOD SAMARITAN	1	5		113	2 340 596	600 000
3	LEHIGHTON	GNADEN HUETTEN MEM	1	1	3	50	762 514	254 171
3	LEWISBURG	EVANGELICAL COMM	1	1	3	85	1 162 789	465 115
3	LEWISTOWN	LEWISTOWN	1	5	3	154	2 053 756	684 585
3	LOCK HAVEN	LOCK HAVEN NRS TR SCH	1	2	2		165 770	44 828
3	MCKEES ROCKS	OHIO VALLEY GENERAL	1	1		125	1 146 250	80 356
3	MCKEES ROCKS	OHIO VALLEY GEN NH	1	2	2		641 518	253 732
3	MCKEESPORT	MCKEESPORT	1	2	4	161	1 888 622	755 449
2	MCKEESPORT	MCKEESPORT	1	2	4	286	4 139 511 1	072 322
3	MEYERSDALE	COMM HOSP	1	1		34	488 450	179 858
3	MONONGAHELA	MONONGAHELA MEMORIAL	1	5	4	49	999 960	397 837
3	MT LEBANON	ST CLAIR MEMORIAL	1	1		116	1 708 720	651 741
2	MT LEBANON	ST CLAIR MEMORIAL	1	5		40	533 580	136 891
2	MT LEBANON	ST CLAIR MEMORIAL OTC	9	2			115 197	29 776
3	NEW BRIGHTON	BEAVER VALLEY GEN HOSP	1	5	4	*	848 885	290 775
3	NEW KENSINGTON	CITIZENS GENERAL	1	5	4	118	1 714 430	685 772
3	NO CHARLEROI	CHARLEROI MONESSEN	1	5	4	81	1 417 531	547 568
3	NORRISTOWN	MONTGOMERY ASF	1	6	5		1 018 096	403 972
2	PHILADELPHIA	ALBERT EINSTEIN MED CTR	1	2		*	7 479 320	225 000
3	PHILADELPHIA	FRANKFORD	1	5	4	*	1 216 822	466 475
3	PHILADELPHIA	WOMENS MED COLL OF PA	1	5	2	42	698 759	279 503
3	PHILADELPHIA	DIAGNOSTIC CTR U OF PA	1	5	3		6 858 647 1	901 257
3	PHILADELPHIA	CHESTNUT HILL	1	2		72	820 114	273 180
3	PHILADELPHIA	WILLS EYE HOSP ASF	1	5	1		130 026	12 011
3	PHILADELPHIA	METHODIST EPISCOPAL NS	1	5	1		266 632	106 653
8	PHILADELPHIA	TEMPLE UNIVERSITY ASF	1	2	3		7 889 925 1	292 782
2	PHILADELPHIA	JEFFERSON HOSP	1	3	4	25	116 332	37 500
3	PHILADELPHIA	PENNSYLVANIA HOSP	3	5		*	3 324 588 1	023 196
2	PHILADELPHIA	REHABILITATION CENTER	6	2			350 000	100 000
8	PHILADELPHIA	ST CHRISTOPHERS OTC	9	1			381 050	127 017
1	PHILADELPHIA	DISTRICT HC NO 1	5	1			2 317 733	772 577

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ PAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	PHOENIXVILLE	PHOENIXVILLE	1	5	4	64	477 046	190 818
3	PITTSBURGH	HOME FOR CRIPPLED CHILD	4	2	4	60	776 533	310 614
3	PITTSBURGH	ST CLAIR MEMORIAL	1	5	4	16	242 329	80 380
8	PITTSBURGH	ST FRANCIS HOSP RF	6	2			6 364 100	359 026
8	PITTSBURGH		1	5	2		320 554	128 222
3	PITTSTON	PITTSTON SCH OF NURSING						
3	POTTSTOWN	POTTSTOWN	1	5	4	*	2 635 949	952 527
3	POTTSVILLE	POTTSVILLE	1	5	4	83	1 610 375	592 224
8	POTTSVILLE	POTTSVILLE	1	2		62	542 851	180 945
8	POTTSVILLE	AC WILLIKIN HOSP	1	5	4	108	1 292 667	430 532
8	POTTSVILLE	ST JOSEPHS NH AND NS	1	2	2		958 927	383 570
3	READING							
3	READING	THE READING HOSP	1	2		84	978 664	239 370
3	READING	THE READING HOSP ASF	1	2	4		1 224 878	372 628
3	READING		1	5	4	40	691 535	225 000
8	RIDLEY PARK	TAYLOR HOSP	1	5	1	*	616 092	217 613
8	ROCHESTER	ROCHESTER	1	5	1		1 618 020	500 000
1	SEWICKLEY	SEWICKLEY VALLEY NH	1	2	6			
3	SPANGLER	MINERS HOSP N CAMBRIA	1	5	4	89	728 084	288 833
3	ST MARYS	ANDREW KAUL MEM	1	5	4	*	1 808 627	500 000
8	SUNBURY	SUNBURY COMMUNITY	1	1	3	128	1 633 765	544 255
3	TARENTUM	ALLEGHENY VALLEY	1	5	4	54	1 116 270	165 480
8	TARENTUM	ALLEGHENY VALLEY DTC	9	2			118 982	34 520
8	TITUSVILLE	TITUSVILLE HOSP	1	2		84	135 448	42 493
8	TITUSVILLE	TITUSVILLE HOSP DTC	9	2			72 521	24 174
3	TYRONE	TYRONE	1	1		54	1 113 709	407 250
3	UNIONTOWN	UNIONTOWN	1	5	4	101	1 242 624	479 067
3	UPPER DARBY	DELAWARE COUNTY	1	5	3	32	708 437	236 146
3	WARREN	WARREN GENERAL	1	5	3	*	1 527 882	600 244
3	WASHINGTON	THE WASHINGTON HOSP	1	5	4	*	2 802 121	1 045 038
8	WEST CHESTER	OAKBOURNE-COLONY	3	5		21	328 524	70 000
8	WEST GROVE	COMMUNITY MEMORIAL	G4	1		*	1 151 318	190 829
8	WILKES BARRE	WYOMING VALLEY	1	5		63	364 333	83 333
8	WILKINSBURG	COLUMBIA HOSP	1	5		110	2 350 929	474 850
8	WILKINSBURG	COLUMBIA HOSP DTC	9	2			147 136	25 150
3	WILLIAMSPORT	CITY CO MAY MEM ISOL	1	2		16	174 309	58 103
3	WILLIAMSPORT	WILLIAMSPORT	1	5	3	*	1 409 624	452 776
3	WILLIAMSPORT	WILLIAMSPORT	1	5	4	*	836 925	334 770
	RHODE ISLAND							
3	CRANSTON	OSTEOPATHIC GENERAL	1	4		24	300 836	75 000
3	CRANSTON	STATE HOSPITAL	3	2		150	1 031 668	378 816
3	CRANSTON	STATE REHAB CENTER	6	1			2 150 000	117 214
3	NEWPORT	NEWPORT EQ	1	2	4		120 714	16 738
3	NEWPORT	NEWPORT ASF	1	2	4		38 400	15 360
3	NO PROVIDENCE	OUR LADY OF FATIMA N H	4	6	2		3 292 126	300 000
3	PAWTUCKET	THE MEMORIAL	1	5		58	504 418	201 767
8	PAWTUCKET	THE MEMORIAL	1	5	4	*	567 476	170 238
8	PROVIDENCE	RHODE ISLAND HOSP	G4	5		32	569 200	246 110
8	PROVIDENCE	PROVIDENCE LYING IN DTC	9	5			291 341	100 000
3	PROVIDENCE	MIRIAM	1	1		150	1 715 358	670 143
3	PROVIDENCE	ROGER WILLIAMS GEN	1	2	4	48	975 937	390 374
3	PROVIDENCE	RHODE ISLAND HOSP EQ	1	2			8 756 578	240 000
3	PROVIDENCE	ROGER WILLIAMS GEN ASF	1	5	4		107 882	39 833
3	PROVIDENCE	ST JOSEPHS EQ	1	5	4		687 121	10 000
8	PROVIDENCE	PROVIDENCE LYING IN	1	5		77	1 810 688	239 360
8	PROVIDENCE	ROGER WILLIAM GEN DTC	9	2			308 892	183 890
3	WARWICK	KENT COUNTY MEMORIAL	1	1	1	100	1 244 334	431 742
3	WOONSOCKET	WOONSOCKET	1	5		*	1 138 307	280 704
	SOUTH CAROLINA							
3	AIKEN	AIKEN COUNTY	1	2		50	485 275	151 493
3	AIKEN	AIKEN COUNTY HC	5	1			192 616	115 474
8	AIKEN	AIKEN CO HOSP	1	5	4	27	599 743	359 846
3	ANDERSON	ANDERSON COUNTY PHC	5	1			160 025	53 341
3	ANDREWS	ANDREWS AUX HC	5	1			13 969	4 656
3	BAMBERG	BAMBERG COUNTY MEM	1	1	2	32	514 108	334 170
3	BARNWELL	BARNWELL CO HOSP	1	1	5	42	815 884	521 347
3	BARNWELL	BARNWELL COUNTY HC	5	1			93 857	30 427
3	BATESBURG LEES	LEXINGTON CO AUX HC	5	1			28 472	18 507
8	BENNETTSVILLE	MARLBORO CO GENERAL	G4	2		84	331 982	155 000
3	BETHUNE	BETHUNE AUX HC	5	1			11 884	6 063
3	BISHOPVILLE	LEE COUNTY HOSP	1	1	2	43	534 905	294 197

28728 O—58——28

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	BISHOPVILLE	LEE COUNTY PHC	5	1			39 076	13 085
3	BLANEY	BLANEY AUX HC	5	1			11 933	6 563
3	BLUFFTON	BLUFFTON AUX HC	5	1			13 165	7 241
3	BOYKIN	BOYKIN AUX HC	5	1			11 534	6 344
3	BRITTONS NECK	BRITTONS NECK AUX HC	5	1			16 012	8 005
3	BUFORD	BUFORD AUX HC	5	1				
2	CAMDEN	KERSHAW CO HOSP	64	1			16 719	9 195
1	CAMDEN	KERSHAW CO HOSP TNG SCH	1	2	2	18	266 785	133 362
2	CAMDEN	KERSHAW CO HOSP	1	1			369 000	184 500
		KERSHAW CO HOSP DTC	9	1		94	1 240 586	614 909
							110 565	55 282
3	CANADYS	CANADYS AUX HC	5	1				
3	CENTRAL	CENTRAL AUX HC	5	1			9 676	6 289
3	CHAPIN	CHAPIN AUX HC	5	1			33 227	19 936
3	CHARLESTON	MED COLL OF STATE SC	1	1	1	* 10	809 142	18 136
		CHARLESTON COUNTY TB	9	1		80 1	140 390	5 831 280
								567 120
8	CHARLESTON	MCCLENNAN BANKS MEM						
3	CHERAW	CHERAW AUX HC	1	1		30	650 000	325 000
2	CHERAW	CHESTERFIELD CO MEM	5	1			41 320	26 857
3	CHESTER	CHESTER COUNTY	1	1		30	600 000	390 000
3	CHESTER	CHESTER COUNTY HC	5	1		74	941 559	468 922
							74 974	24 991
3	CHESTERFIELD	CHESTERFIELD COUNTY HC	5	1				
3	COLUMBIA	GOOD SAMARITAN WAVERLY	1	1			61 970	40 281
3	COLUMBIA	RIDGEWOOD TB SAN	2	1		42	223 668	131 312
3	COLUMBIA	SC STATE HOSP ASF	3	3	4	52	325 000	162 500
		SC STATE HOSP ASF	3	2	4		60 840	20 280
							72 023	24 008
3	COLUMBIA	SC STATE HOSP ASF	3	2	4			
3	COLUMBIA	SC STATE HOSP ASF	3	2	4		215 870	71 957
3	COLUMBIA	SC STATE					132 487	79 475
2	COLUMBIA	S C STATE HOSP	3	2		80	169 781	101 869
		S C STATE HOSP DTC	3	2		208 2	389 074	326 220
			9	2			192 728	88 095
1	COLUMBIA	COLUMBIA HOSP DTC	9	5			148 167	68 956
8	CONWAY	CONWAY HOSP	64	2		17	129 643	64 882
2	CONWAY	HORRY CO PHC	8	1			125 570	63 129
3	COTTAGEVILLE	CONWAY HOSP DTC	9	2			97 453	48 727
		COTTAGEVILLE AUX HC	5	1			9 831	6 389
3	EASLEY	EASLEY AUX HC	5	1				
3	EDGEFIELD	EDGEFIELD COUNTY HC	5	1			30 635	18 381
3	FAIRFAX	ALLENDALE CO EQ	1	1			65 806	21 935
3	FLORENCE	FLOR DARLINGTON TB SAN	2	1			58 984	32 441
		FLORENCE DARLINGTON NH	3	1	2	118	854 508	448 617
1	FLORENCE						79 553	41 765
3	GAFFNEY	FLORENCE CO HC	5	1				
8	GAFFNEY	CHEROKEE COUNTY	1	1			300 000	150 000
8	GAFFNEY	CHEROKEE CO HOSP NH	1	2	2	97 1	207 624	703 503
3	GEORGETOWN	CHEROKEE CO HC	5	1			199 990	99 995
		GEORGETOWN CO MEM	1	1			145 509	72 754
						52	529 954	173 864
3	GEORGETOWN	GEORGETOWN CO MEM NH	1	2	2			
3	GEORGETOWN	GEORGETOWN COUNTY HC	5	1			63 054	34 679
3	GEORGETOWN	GEORGETOWN CO MEM	1	5			57 972	19 324
3	GRAYS	GRAYS AUX HC	5	1		31	316 636	171 423
3	GREAT FALLS	GREAT FALLS AUX HC	5	1			12 106	6 658
							15 404	5 135
3	GREELEYVILLE	GREELEYVILLE AUX PHC	5	1				
3	GREEN POND	GREEN POND AUX HC	5	1			21 355	10 677
3	GREENVILLE	GREENVILLE GEN ASF	1	2	4		9 126	5 932
8	GREENVILLE	GREENVILLE GENERAL	1	2			342 703	171 352
		GREENVILLE CO TB	1	2		253 4	174 636	1 888 011
			2	2		84	66 671	31 580
1	GREENVILLE	GREENVILLE CO HOME	0	1		75	393 000	159 135
3	GREER	ALLEN BENNETT MEMORIAL	1	1		87	501 860	175 000
3	HAMPTON	HAMPTON COUNTY	1	1		35	292 124	21 561
1	HARTSVILLE	BYERLY HOSP	1	2		34	300 000	150 000
3	HEATH SPRINGS	HEATH SPRINGS AUX HC	5	1			16 935	9 314
3	HEMINGWAY	HEMINGWAY AUX PHC	5	1				
3	HENDERSONVILLE	HENDERSONVILLE AUX HC	5	1			20 292	10 146
3	ISLANDTON	ISLANDTON AUX HC	5	1			9 920	6 447
3	JACKSONBORO	JACKSONBORO AUX HC	5	1			10 135	6 588
3	JEFFERSON	JEFFERSON AUX HC	5	1			9 628	6 258
							18 365	11 937
3	JOHNSTON	JOHNSTON AUX PHC	5	1				
3	KERSHAW	KERSHAW AUX HC	5	1			36 643	12 215
8	LANCASTER	WILLIAMSBURG COUNTY HC	5	1			32 982	18 140
3	LANCASTER	MARION SIMS MEMORIAL	3	5	4	31	68 522	34 261
		LANCASTER COUNTY PHC	5	1			676 477	358 740
3	LANDO						96 457	32 152
		LANDO AUX HC	5	1			12 138	4 046

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	LAURENS	LAURENS COUNTY HC	5	1			154 339	84 887
3	LEXINGTON	LEXINGTON COUNTY HC	5	1			186 578	88 872
3	LODGE	LODGE AUX HC	5	1			9 360	6 085
3	LORIS	LORIS COMMUNITY	1	1		88	165 496	55 165
3	LORRYS	LORRYS AUX HC	5	1			18 578	4 191
3	MANNING	CLARENDON COUNTY	1	1		58	575 766	189 658
3	MANNING	CLARENDON MEM RH	1	8	2		65 533	39 320
3	MANNING	CLARENDON CO HC	5	1			218 104	58 736
3	MANNING	CLARENDON CO HC	5	1			17 701	11 506
3	MCBEE	MCBEE AUX HC	5	1			11 319	5 660
3	MCCLELLANVILLE	MCCLELLANVILLE AUX HC	5	1			97 587	38 309
3	MONCKS CORNER	BERKELEY COUNTY HC	5	1			228 483	116 117
8	MONCKS CORNER	BERKELEY CO HOSP	1	5	4	17	17 788	11 558
3	MT CROGHAN	MT CROGHAN AUX HC	5	1			4 497	2 848
3	MULLINS	MULLINS AUX HC	5	1			14 841	7 180
3	NESMITH	NESMITH AUX PHC	5	1				
3	NEWBERRY	NEWBERRY COUNTY	7	5		38	360 038	180 010
3	NEWBERRY	NEWBERRY COUNTY ASF	7	8	4		48 784	85 186
3	ORANGEBURG	ORANGEBURG CO HC	5	1			207 079	103 539
3	PAGELAND	PAGELAND AUX HC	5	1			37 550	24 407
3	PATRICK	PATRICK AUX HC	5	1			17 784	11 560
3	PICKENS	PICKENS COUNTY HC	5	1			98 615	59 169
3	PLEASANT HILL	PLEASANT HILL AUX HC	5	1			16 218	5 406
3	RICHBURG	RICHBURG AUX HC	5	1			18 496	4 165
3	RIDGE SPRING	RIDGE SPRING AUX HC	5	1			20 815	6 938
3	RIDGELAND	RIDGELAND PHC	5	1			49 839	27 411
3	ROCK HILL	YORK COUNTY	1	2	4	68	841 103	180 368
3	ROCK HILL	YORK COUNTY	1	5		37	511 433	355 717
3	RUBY	RUBY AUX HC	5	1			17 444	11 338
3	RUFFIN	RUFFIN AUX HC	5	1			9 877	6 419
3	SALUDA	SALUDA COUNTY PHC					67 757	82 586
3	SENECA	OCONEE MEMORIAL	1	8		40	151 078	80 359
3	SHELDON	SHELDON AUX HC	5	1			18 933	7 113
3	SMOAKS	SMOAKS AUX HC	5	1			9 695	6 308
3	SPARTANBURG	SPARTANBURG	1	5		64	1 374 650	458 217
3	SPARTANBURG	SPARTANBURG GEN ASF	1	5	4		184 941	62 470
3	SPARTANBURG	SPARTANBURG GEN OTC	9	2			65 577	32 789
8	SPARTANBURG	MOUNTAINVIEW COMM	0	3	4	20	193 715	96 857
8	SPARTANBURG	SPARTANBURG GENERAL	1	2		168	2 863 220	1 418 578
8	SPARTANBURG	SPARTANBURG MENTAL OTC	9	1			50 000	25 000
8	SPARTANBURG	SPARTANBURG	5	1			98 000	32 667
3	ST MATTHEWS	CALHOUN COUNTY PHC						
3	STATE PARK	SC SANATORIUM	2	5		143	470 782	156 927
3	STATE PARK	SC STATE SANATORIUM	2	2		64	158 504	52 751
3	STATE PARK	SC STATE SAN ASF	2	5	4		28 575	14 287
3	STATE PARK	SC STATE SAN ASF	2	2	4		26 026	13 013
3	STATE PARK	SC STATE HOSP ASF	3	1	4		17 585	5 862
3	STATE PARK	SC STATE HOSP ASF	3	5	4		63 080	21 027
3	STATE PARK	SC STATE HOSPITAL	3	2		160	487 284	162 429
3	STATE PARK	SC STATE HOSP ASF	3	1	4		107 991	35 997
3	STATE PARK	SC STATE	3	2		80	126 048	75 630
3	STATE PARK	THE TUOMEY HOSP	1	2		40	676 311	301 311
3	SUMTER	SUMTER AUX HC	5	1			27 605	17 943
3	SWANSEA	SWANSEA AUX HC	5	1			14 588	7 861
3	TRIO	TRIO AUX PHC	5	1		80	736 943	248 515
3	UNION	WALLACE THOMSON	1	5			91 764	50 471
3	UNION	UNION COUNTY MC	5	1			157 287	87 364
3	UNION	UNION COUNTY MC	1	5	4	14		
8	VARNVILLE	HAMPTON CO HOSP					27 605	17 943
3	WALTERBORO	COLLETON COUNTY	1	1	2	101	1 074 997	668 868
3	WALTERBORO	COLLETON COUNTY HC	5	1			76 927	25 308
3	WALTERBORO	COLLETON COUNTY HC	5	2			23 518	15 286
3	WEST COLUMBIA	LEXINGTON CO AUX HC	5	1			38 336	24 919
3	WINNSBORO	FAIRFIELD COUNTY	1	1		30	528 368	337 342
8	WINNSBORO	FAIRFIELD CO HC	5	1			80 843	80 013
1	YORK	DIVINE SAVIOUR HOSP	04	2		12	158 000	47 384
	SOUTH DAKOTA							
8	ARMOUR	DOUGLAS CO MEMORIAL	1	1		20	204 630	102 315
3	CHAMBERLAIN	COMMUNITY BAILEY	1	1		24	259 036	86 345
3	CHAMBERLAIN	COMMUNITY BAILEY	1	2		12	70 405	34 396
8	CHAMBERLAIN	CHAMBERLAIN	0	5		18	210 250	97 312
3	DEADWOOD	ST JOSEPHS HOSP EB	1	2			424 742	32 660
3	FAULKTON	FAULK COUNTY	1	1		22	242 077	80 612

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	FREEMAN	FREEMAN COMMUNITY	1	1		19	209 000	104 500
3	GETTYSBURG	GETTYSBURG MEMORIAL	1	1		21	337 225	149 363
3	GREGORY	MOTHER OF GRACE GREGORY	1	1		24	213 241	104 528
3	LEMMON	FIVE COUNTIES	1	1		34	303 533	101 001
8	MADISON	NORTH AMERICAN BAPTIST	0	1		24	167 000	83 500
3	MARTIN	BENNETT CO HOSP						
3	MITCHELL	METHODIST STATE	1	1		20	267 522	129 091
3	MITCHELL	ST JOSEPHS HOSP	1	5	1	*	530 305	169 941
2	PHILIP	THE HANS P PETERSON MEM	1	5		68	638 047	204 798
3	PIERRE	STATE DEPT HLTH LAB	1	1		20	228 668	111 694
			8	4			108 687	46 687
3	RAPID CITY	BENNETT MEMORIAL						
3	RAPID CITY	ST JOHNS MCNAMARA	1	5		74	1 189 931	328 491
3	REDFIELD	REDFIELD MUNICIPAL	1	5		51	1 027 650	247 128
2	SIOUX FALLS	CRIPPLED CHILD HOSP SCH	1	1		36	358 545	118 528
8	SIOUX FALLS	SIOUX VALLEY HOSP	6	2			504 091	218 600
			1	2	4	30	360 980	173 718
2	SIOUX FALLS	MCKENNAN HOSP						
2	SIOUX FALLS	SIOUX VALLEY	1	5		*	1 825 819	402 576
3	STURGIS	STURGIS COMMUNITY HOSP	1	5	4		498 779	211 282
3	VERMILLION	DAKOTA NURSING HOME	1	1		19	244 598	119 893
2	WATERTOWN	JENKINS MEM NRSNG HOME	0	1		40	309 227	154 614
			0	5		48	287 089	140 146
2	WATERTOWN	MEMORIAL HOSP						
3	WEBSTER	BETHESDA NURSING HOME	1	5		34	730 000	247 300
2	WEBSTER	DAY COUNTY HOSP	0	1		58	467 963	233 666
3	WESSINGTON SPG	JERAULD CO MEM	1	1		37	619 589	309 794
3	WINNER	ROSEBUD COMMUNITY	1	2		13	156 214	72 070
			1	1		28	298 562	91 988

TENNESSEE

2	ALAMO	CROCKETT CO HC						
3	ATHENS	MCMINN COUNTY HC	5	1			64 000	33 280
2	BOLIVAR	WESTERN STATE HOSP	5	1			51 924	27 000
3	BOLIVAR	HARDEMAN CO HC	3	2		800	2 304 798	1 040 000
3	BRISTOL	KINGS MOUNTAIN MEM	5	1			65 000	33 800
			1	1		70	1 549 979	673 033
3	BRISTOL	BRISTOL MEM DTC						
2	BRISTOL	BRISTOL AUX HC	9	2			158 371	82 188
3	BROWNSVILLE	BLANCHE BOMER MORGAN HC	5	1			78 010	40 566
3	BROWNSVILLE	HAYWARD CU MEM	5	1			78 039	40 538
3	CAMDEN	BENTON CO HC	1	5	4	24	295 285	127 343
			5	1			68 610	35 678
3	CHATTANOOGA	BARONESS ERLANGER						
3	CHATTANOOGA	CHATTANOOGA TB	1	2		66	801 376	410 171
3	CHATTANOOGA	BARONESS ERLANGER HOSP	2	1		120	2 111 817	691 759
3	CLARKSVILLE	CLARKSVILLE MEM	1	2		100	1 654 539	662 038
3	CLARKSVILLE	CLARKSVILLE MEM	1	1		100	2 451 906	1 005 000
			1	2		37	240 776	125 203
8	CLEVELAND	BRADLEY CO NURSING HOME						
3	CLEVELAND	BRADLEY CO MEMORIAL	0	1		84	224 531	110 086
1	CLEVELAND	BRADLEY COUNTY HC	1	1		81	1 024 848	481 712
3	CLINTON	BRADLEY CO MEMORIAL	5	1			65 221	33 642
		ANDERSON CO HC	1	2		50	494 000	234 000
			5	1			64 787	33 689
3	COLUMBIA	MAURY CO AND HC						
3	COOKEVILLE	COOKEVILLE	7	1		100	2 232 011	890 080
3	COOKEVILLE	PUTNAM CO HC	1	1		49	600 142	189 047
2	COOKEVILLE	COOKEVILLE	5	1			65 802	34 217
3	COPPERHILL	COPPER BASIN GENERAL	1	2		36	319 000	165 880
			1	1	4	35	528 895	263 380
3	COVINGTON	TIPTON CO HC						
3	CROSSVILLE	CUMBERLAND MED CENTER	5	1			72 492	36 705
1	DANDRIDGE	JEFFERSON CO HC	1	1		50	707 860	235 787
3	DAYTON	RHEA CO GEN HOSP	5	1			62 500	32 500
3	DECATURVILLE	DECATUR CO HC	1	1		39	595 500	302 900
			5	1			74 096	38 020
3	DICKSON	DICKSON CO HC						
3	DYERSBURG	PARKVIEW HOSP	5	1			61 953	33 255
3	DYERSBURG	DYER CO HC	1	1		76	1 514 602	786 225
3	ELIZABETHTON	CARTER CO HC	5	1			83 855	43 605
1	ELIZABETHTON	CARTER CO MEMORIAL	5	1			81 381	42 084
			1	1		100	1 200 000	624 000
3	ERWIN	UNICOI CO MEM						
3	FAYETTEVILLE	LINCOLN COUNTY	1	1		40	551 819	223 200
2	FRANKLIN	WILLIAMSON CO HOSP	1	2		35	497 409	164 750
8	FRANKLIN	WILLIAMSON CO HC	1	1		50	1 026 858	526 686
1	GALLATIN	SUMNER CO HOSP	5	1			80 000	41 600
			1	1		50	1 035 000	520 000
3	GREENEVILLE	DR R B COWLES HC						
3	HARTSVILLE	TROUSDALE CO HC	5	1			83 850	42 600
2	HUNTINGDON	CARROLL CO HC	5	1			55 391	28 803
3	JACKSON	JACKSON MADISON CO	5	1			95 866	44 200
			7	1		128	1 839 628	589 880

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3	JACKSON	JACKSON MADISON CO	7	2		57	681 147	314 413
1	JASPER	MARION CO HC	5	1			60 000	31 200
3	JOHNSON CITY	MEMORIAL HOSP	1	2		65	1 245 265	408 488
3	JOHNSON CITY	MEMORIAL HOSP	1	2		36	113 736	59 143
2	JOHNSON CITY	MEMORIAL HOSP	1	5		38	344 574	91 988
2	JOHNSON CITY	MEM HOSP NRS TRNG SCH	1	4	2		458 018	176 800
2	JOHNSON CITY	MEMORIAL HOSP DTC	9	2			211 061	95 680
3	JONESBORO	WASHINGTON CO HC	5	1			66 581	34 628
3	KINGSPORT	HOLSTON VALLEY COMM	1	2		126	2 119 494	899 002
2	KINGSPORT	HOLSTON VALLEY COMM	1	5		106	1 710 000	388 000
2	KINGSPORT	KINGSPORT AUX HC	5	1			140 000	72 800
3	KINGSTON	ROANE CO HC	5	1			54 387	28 281
2	KNOXVILLE	ST MARYS MEMORIAL	64	5		60	618 519	317 087
3	KNOXVILLE	E TENN CRIPPLED CHILD	4	5		40	583 864	267 332
3	KNOXVILLE	E TENNESSEE TB	3	4		180	3 338 414	1 079 385
3	KNOXVILLE	EASTERN STATE	3	2		188	1 579 339	481 446
3	KNOXVILLE	EASTERN STATE	3	2		248	1 037 937	150 000
2	KNOXVILLE	KNOX CO HC	5	1			573 100	298 012
2	KNOXVILLE	ST MARYS MEMORIAL DTC	9	2			253 885	131 566
1	KNOXVILLE	UNIV OF TENN MEM NH	1	2	6		712 000	312 000
1	KNOXVILLE	EASTERN STATE	3	2		400	3 255 500	931 455
3	LA FOLLETTE	LA FOLLETTE COMMUNITY	1	1		44	439 795	313 824
3	LAWRENCEBURG	LAWRENCE COUNTY	7	1		44	581 284	178 349
2	LEXINGTON	LEXINGTON HENDERSON CO	1	1		33	550 446	275 000
3	LINDEN	PERRY COUNTY HC	5	1			47 183	24 506
3	LOUDON	CHARLES H BACON	1	5	4	24	314 867	127 140
3	MANCHESTER	COFFEE CO	1	1		61	818 891	416 631
1	MANCHESTER	COFFEE CO NURSING HOME	0	2		27	300 000	104 000
3	MARYVILLE	BLOUNT MEM	1	5		68	576 981	198 307
3	MARYVILLE	BLOUNT CO HC	5	1			79 985	41 566
2	MARYVILLE	BLOUNT MEMORIAL	1	5	3	91	948 578	384 020
3	MEMPHIS	LEBONHEUR CHILD	4	1		122	2 250 298	1 104 721
3	MEMPHIS	E H CRUMP MEMORIAL	1	1	2	128	2 473 262	848 000
3	MEMPHIS	W TENNESSEE TB EG	3	1			385 048	95 016
3	MEMPHIS	W TENN STATE LAB	8	1			836 681	135 592
3	MEMPHIS	LEB PASSEES DTC	9	1			199 633	103 334
1	MEMPHIS	MEMPHIS SHELBY CO HC	5	1			1 191 861	400 000
3	MORRISTOWN	MORRISTOWN HAMBLEN	1	1		71	1 066 899	541 938
3	MORRISTOWN	HAMBLEN COUNTY HC	5	1			47 543	24 722
3	MOUNTAIN CITY	JOHNSON CO HC	5	1			50 013	26 007
3	MURFREESBORO	RUTHERFORD	1	5	4	31	516 508	235 600
3	MURFREESBORO	RUTHERFORD	1	5	4	*	460 000	234 557
1	NASHVILLE	DAVIDSON COUNTY HC	5	1			989 200	200 000
3	NASHVILLE	MIDDLE TENN TB	3	1		286	4 444 850	2 289 359
3	NASHVILLE	CENTRAL STATE EG	3	2			70 000	36 400
3	NASHVILLE	STATE DEPT HLTH LAB	8	1			5 787 408	612 376
2	NASHVILLE	VANDERBILT UNIV HOSP	1	2		18	1 164 387	66 352
2	NASHVILLE	WILKERSON CENTER RF	6	1			1 054 434	406 190
2	NASHVILLE	VANDERBILT UNIV DTC	9	2			151 946	78 502
1	NASHVILLE	NASHVILLE GENERAL DTC	9	5			150 964	78 502
3	NEWPORT	COCKE CO HC	5	1			57 000	29 640
3	ONEIDA	SCOTT CO HOSP	1	1		38	522 645	270 771
3	PARIS	HENRY COUNTY GEN	1	1		71	1 034 789	534 832
1	PARIS	HENRY CO GENERAL	1	5		27	228 000	115 440
3	PLEASANT HILL	MAY CRAVATH WHARTN HOME	0	1		30	316 401	110 087
3	PULASKI	GILES CO HOSP AND HC	7	1		41	414 778	131 826
2	PULASKI	GILES CO HOSP	1	2		14	130 000	52 000
3	RIPLEY	LAUDERDALE COUNTY	1	1		44	543 318	172 249
3	RIPLEY	LAUDERDALE COUNTY	1	2		18	95 605	49 715
2	ROGERSVILLE	HAWKINS CO HC	5	1			60 000	31 200
1	RUTLEDGE	GRAINGER CO HC	5	1			60 000	31 200
3	SAVANNAH	HARDIN COUNTY	1	1		58	785 536	399 062
3	SEVIERVILLE	SEVIER CO HC	5	1			60 000	31 200
3	SEWANEE	EMERALD HODGSON NH	1	3	2		150 446	78 232
3	SHELBYVILLE	BEDFORD COUNTY	7	1		59	865 707	438 831
3	SNEEDVILLE	HANCOCK CO HOSP AND HC	7	1		15	241 242	123 886
3	SOMERVILLE	FAYETTE CO HC	5	1			63 000	32 760
2	SPARTA	WHITE CO GENERAL	1	1		34	548 382	273 000
3	SPRINGFIELD	JESSE HOLMAN JONES MEM	1	1		51	839 309	424 472
1	TAZEWELL	CLAIRBORNE CO HOSP	1	1		40	617 500	312 000
1	TAZEWELL	CLAIBORNE CO HC	5	1			60 000	31 200

HEALTH RESEARCH FACILITIES

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	UNION CITY	ORION COUNTY	1	1		60	760 158	251 310
3	UNION CITY	ORION COUNTY	1	2		37	399 185	206 985
3	WAVERLY	HUMPHREYS CO HC	5	1			53 530	27 378
8	WOODBURY	CANNON CO HC	5	1			50 000	26 000
	TEXAS							
3	ABILENE	ABILENE PHC					151 856	75 000
3	ALBANY	SHACKELFORD COUNTY MEM	5	1				
3	ALPINE	BREWSTER CO HOSP	1	1		16	139 027	46 342
3	AMARILLO	NORTHWEST TEXAS	1	1		37	442 000	221 000
3	ANDREWS	ANDREWS CO EQ	1	5		92	1 831 591	764 813
			1	1			105 794	12 596
3	ANSON	ANSON GENERAL						
8	ATHENS	HENDERSON CO HOSP	1	1		30	363 736	170 590
3	AUSTIN	HOLY CROSS	1	5	4	38	442 118	221 056
3	AUSTIN	BRACKENRIDGE	1	1		40	634 189	206 259
	AUSTIN	SETON	1	2	1	*	3 345 094	1 500 000
3	AUSTIN	ST DAVIDS	1	5		73	830 041	400 000
3	AUSTIN	AUSTIN PHC	1	1	1	102	1 518 537	742 687
3	AUSTIN	ST DEPT OF HLTH L&B	5	1			318 401	157 468
2	AUSTIN	ST DEPT OF HLTH LAB	8	2			89 795	29 932
3	BIG LAKE	REAGAN COUNTY MEMORIAL	8	1			3 027 562	1 134 000
			1	1		10	173 974	56 740
3	BRECKENRIDGE	STEPHENS COUNTY						
3	BRENHAM	ST JUDE HOSP	1	1		17	221 558	110 775
3	BROWNFIELD	SOUTH PLAINS HU	1	4		32	606 898	296 639
3	BROWNSVILLE	MERCY	5	1			81 658	40 454
1	BROWNSVILLE	MERCY HOSP	1	5		56	898 883	444 125
			1	2		40	600 000	300 000
3	BRYAN	ST JOSEPHS HOSP						
3	CANADIAN	HEMPHILL COUNTY	1	2	4	40	813 548	397 845
3	CARRIZO SPRGS	DENMIT COUNTY	1	1		16	156 901	49 804
3	CARTHAGE	PANOLA COUNTY	1	1	3	27	312 828	103 809
1	CENTER	SHELBY CO HOSP	1	1		50	558 618	182 668
			1	1		30	400 000	200 000
3	CHILDRESS	CHILDRESS/GENERAL						
3	CLEBURNE	JOHNSON CO MEM ASF	1	5		29	145 491	45 796
3	CLEBURNE	JOHNSON CO MEMORIAL	1	2	4		21 098	10 549
3	CORPUS CHRISTI	CORPUS CHRISTI MEMORIAL	1	5		34	295 060	146 400
3	CORPUS CHRISTI	DRISCOLL HOSP FOR CHILD	1	5	3	144	1 509 524	751 639
			1	1		*	4 252 149	1 500 000
3	CORPUS CHRISTI	SPOHN						
3	CORPUS CHRISTI	NUECES COUNTY TB	1	2		108	1 658 264	522 000
1	CORPUS CHRISTI	SPOHN HOSP	2	1		100	835 190	401 320
3	CORSICANA	NAVARRO COUNTY MEMORIAL	1	5		100	2 500 000	1 000 000
3	CROWELL	FOARD COUNTY	1	1	2	100	1 652 512	816 300
			1	5		*	156 402	76 900
3	DALLAS	MEMORIAL HOSPITAL						
8	DALLAS	CITY COUNTY PHC	1	1		564	11 080 090	1 500 000
2	DALLAS	PARKLAND MEMORIAL DTC	5	1			800 000	400 000
3	DEL RIO	VAL VERDE CO HOSP	9	2			1 244 000	538 000
	DENISON	MADONNA	1	1			760 479	375 000
			1	2		40	111 474	54 885
3	DENTON	FLOW MEMORIAL				16		
1	DENTON	FLOW MEMORIAL	1	1		60	816 000	256 371
3	DUMAS	MOORE COUNTY	1	5		67	800 000	400 000
3	EL PASO	PROVIDENCE MEMORIAL	1	1		28	420 052	106 278
3	EL PASO	HOTEL DIEU SISTERS	1	1		272	3 179 962	1 481 628
			1	6		262	3 600 100	1 525 000
3	EL PASO	EL PASO GENERAL						
3	FALFURRIAS	BROOKS CO	1	2		30	235 164	116 970
1	FLORESVILLE	MEMORIAL HOSP	1	1		31	523 729	251 293
3	FORT WORTH	FORT WORTH OSTEOPATHIC	1	1		82	400 000	200 000
3	FORT WORTH	ELMWOOD SANATORIUM	1	1		80	1 187 164	535 500
			2	5	4	16	136 219	67 372
2	FORT WORTH	ALL SAINTS HOSPITAL						
2	FORT WORTH	ST JOSEPHS HOSP	1	7	4	146	3 024 540	1 350 000
2	FORT WORTH	ALL SAINTS HOSP ASF	1	5		*	3 328 604	864 879
2	FORT WORTH	FORT WORTH CITY CO HC	1	2	4		338 000	130 000
	FORT WORTH	ST JOSEPHS HOSP DTC	5	1			817 928	390 500
			9	2			289 066	135 121
3	GALVESTON	JOHN SEALY						
3	GALVESTON	ROSA HENRY ZIEGLER	1	2		769	13 355 765	2 250 000
3	GANADO	MAURITZ MEMORIAL	2	1		60	843 462	404 500
3	GANADO	MAURITZ JACKSON CO MH	1	1		88	332 810	108 799
3	GIDDINGS	LEE MEMORIAL	1	2	2		77 936	38 968
			1	1		16	148 749	49 583
3	GOLIAD	GOLIAD COUNTY						
3	GONZALES	WARM SPGS CHILDRENS	1	1		14	178 884	55 628
3	GRAHAM	GRAHAM GENERAL	4	5	4	30	593 019	287 060
3	HARLINGEN	HARLINGEN STATE TB	1	1		40	715 000	350 000
3	HASKELL	HASKELL CO HOSP	2	1	5	548	2 716 817	1 012 500
			1	5		18	204 955	102 373

STATE	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	HEMPSTEAD	WALLER COUNTY	1	1		28	300 865	144 395
3	HENRIETTA	CLAY COUNTY MEMORIAL	1	5		25	98 475	19 625
3	HENRIETTA	CLAY CO MEMORIAL	1	8		12	119 997	59 950
3	HEREFORD	DEAF SMITH COUNTY	1	5		16	245 639	55 115
3	HOUSTON	M D ANDERSON ASF	G4	5	4		593 660	296 830
3	HOUSTON	REHAB INSTITUTE	G4	1		54	894 630	393 815
3	HOUSTON	HEDGECROFT MEM AND CLIN	4	3	3	24	360 888	142 500
3	HOUSTON	M D ANDERSON CANCER	4	1		*	9 828 468	2 025 000
3	HOUSTON	HEDGECROFT MEM EQ	4	1	4		367 783	41 392
3	HOUSTON	JEFFERSON DAVIS	1	2		60	220 176	100 000
3	HOUSTON	HOUSTON PHC	5	1			212 974	99 550
3	HOUSTON	CANAL STREET MC	5	1			194 332	95 047
3	HOUSTON	HEDGECROFT HOSP RF	6	3			196 383	75 000
3	HOUSTON	REHAB INSTITUTE	6	1			789 370	349 185
3	HOUSTON	M D ANDERSON DTC ASF	9	5	4		376 340	188 170
3	HUNTSVILLE	HUNTSVILLE MEMORIAL	1	1		50	375 838	185 077
3	IRAAN	PECOS COUNTY	1	1	2	14	126 324	51 324
3	JOURDANTON	MERCY HOSP	1	1		22	372 369	183 400
1	JUNCTION	KIMBLE CO HOSP	1	1		12	229 500	111 000
3	KARNES CITY	KARNES CITY	1	1		13	181 853	80 618
3	KILGORE	KILGORE MEMORIAL	1	1		75	1 450 805	459 421
3	KINGSVILLE	KLEBERG CO NH	1	5	2		287 845	136 137
3	KOUNTZE	HARDIN COUNTY	1	1		32	555 386	273 000
1	LAMESA	DAWSON CO HOSP	1	1		100	1 298 948	260 000
			1	1		50	820 536	400 000
3	LAREDO	MERCY HOSPITAL	1	1		153	2 872 614	1 000 000
3	LIBERTY	YETTIE KERSTING MEM	1	1	2	45	401 579	194 254
3	LIVINGSTON	POLK COUNTY	1	1	2	38	505 843	235 235
3	LLANO	LLANO CO HOSP	1	1		15	264 660	127 330
3	LONGVIEW	GREGG MEMORIAL	1	5		60	891 777	383 435
8	LONGVIEW	GREGG MEMORIAL	1	5		61	1 180 000	500 000
3	LUBBOCK	LUBBOCK CITY COUNTY DTC	9	1			117 613	58 807
3	LUBBOCK	LUBBOCK MEMORIAL	1	1		230	3 284 755	1 500 000
3	LUBBOCK	LUBBOCK CITY COUNTY MC	5	1			182 387	91 193
3	MADISONVILLE	MADISON COUNTY	1	1		15	149 727	48 576
3	MARSHALL	KAHN MEMORIAL	1	8		54	90 387	30 129
8	MARSHALL	KAHN MEMORIAL	1	5		*	578 701	850 000
3	MASON	MASON MEMORIAL	1	1		10	105 238	35 079
8	MC KINNEY	COLLIN CO HOSP	1	1		100	1 546 900	750 000
3	MCALLEN	MCALLEN MUNICIPAL	1	5		59	1 021 986	507 000
1	MCALLEN	MCALLEN MUNICIPAL	1	5		94	1 080 000	500 000
8	MIDLAND	MIDLAND MEMORIAL	1	1	2	75	1 308 678	432 613
3	MIDLAND	MIDLAND MEMORIAL	1	8		80	801 280	350 000
3	MISSION	CITY HOSPITAL	1	1		40	608 047	301 069
3	MONAHANS	WARD CO HOSP	1	1		35	649 240	316 700
3	MOUNT PLEASANT	TITUS COUNTY	1	1		30	396 435	195 015
3	NACOGDOCHES	CITY MEMORIAL	1	5	1	41	459 282	214 749
3	NEW BRAUNFELS	NEW BRAUNFELS	1	1		40	591 834	281 960
3	ORANGE	ORANGE MEMORIAL	1	1		146	2 553 603	1 250 000
3	PALESTINE	ANDERSON COUNTY	1	1		85	1 022 456	500 189
3	PAMPA	HIGHLAND GENERAL	1	1		89	1 093 602	364 534
3	PORT ARTHUR	NORTON MEMORIAL PHC	5	1			131 463	43 021
3	PORT LAVACA	CALHOUN COUNTY	1	1		80	261 494	86 305
3	PORT LAVACA	CALHOUN CO NH	1	2	2		39 548	19 771
3	POST	GARZA COUNTY	1	1		84	400 983	198 498
3	ROBERT LEE	COKE COUNTY MEMORIAL	1	1		10	113 728	35 173
3	ROCKSPRINGS	EDWARDS CO MEM EQ	1	1			86 900	7 602
3	RUSK	RUSK MEMORIAL	1	1		31	206 080	64 777
3	RUSK	RUSK MEMORIAL	1	5		9	105 723	52 335
3	SAN ANGELO	ST JOHNS	1	2		28	328 716	160 000
1	SAN ANGELO	ST JOHNS HOSP	1	5		35	460 000	230 000
8	SAN ANTONIO	SAN ANTONIO OSTEOPATHIC	1	1		20	430 000	200 000
3	SAN ANTONIO	ROBERT B GREEN MEM	1	5	2	197	8 434 790	1 163 162
3	SAN ANTONIO	SANTA ROSA HOSP	1	5		*	3 292 206	1 439 269
	SAN ANTONIO	BEXAR COUNTY TB	2	2		100	341 769	113 923
3	SAN ANTONIO	GRACE LUTHERAN SAN	2	2	4	*	340 719	49 206
3	SAN ANTONIO	SAN ANTONIO STATE TB	2	2	4	528	2 530 519	1 012 500
3	SAN ANTONIO	GRACE LUTHERAN SAN ASF	2	5	4		53 084	23 320
3	SAN ANTONIO	SANTA ROSA	1	5	4	110	1 500 000	750 000
3	SAN ANTONIO	ROBERT B GREEN MEM ASF	1	3	4		184 300	85 000
2	SAN ANTONIO	SANTA ROSA DTC	9	2			100 000	50 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	SAN AUGUSTINE	SAN AUGUSTINE CITY MEM	1	1		20	153 665	49 889
3	SAN BENITO	DOLLY VINSANT MEMORIAL	1	1		40	445 693	144 564
3	SAN SABA	SAN SABA COUNTY	1	1		20	168 599	56 200
3	SHERMAN	WILSON N JONES MEM	1	5	4	46	870 000	438 000
3	SNYDER	COGDELL MEMORIAL	1	1	4	50	1 144 025	540 500
3	SNYDER	SCURRY CO PHC	5	1			90 048	44 246
3	SONORA	LILLIAN M HUDSPETH MEM	1	1		25	387 756	155 165
3	SPUR	SPUR MUNICIPAL	1	1		20	254 925	124 824
3	STANTON	MEM HOSP OF MARTIN CO	1	1		20	262 344	84 948
3	STERLING CITY	STERLING COUNTY	1	1		10	190 183	90 000
3	SULPHUR SPRGS	HOPKINS COUNTY	1	1		31	199 717	
3	SULPHUR SPRGS	HOPKINS COUNTY	1	5		17	88 194	61 906
8	SWEETWATER	SWEETWATER CITY CO HOSP	0	8		16	134 000	44 097
3	TERRELL	TERRELL STATE	3	4		550	8 104 327	67 000
8	TEXARKANA	WADLEY HOSP	1	1		131	5 206 000	500 000
3	THROCKMORTON	THROCKMORTON MEMORIAL						1 175 000
3	TRINITY	TRINITY MEMORIAL	1	1		16	176 889	
3	TULIA	SWISHER COUNTY	1	1		14	118 196	87 601
3	TYLER	SMITH COUNTY	1	2		14	153 498	39 399
1	TYLER	MEDICAL CENTER HOSP	1	1		133	1 685 457	51 166
3	UVALDE	UVALDE COUNTY MEMORIAL	1	2		80	1 034 000	558 776
3	WACO	PROVIDENCE	1	1		36	410 420	517 000
3	WACO	PROVIDENCE ANT	1	2		180	1 438 952	136 807
8	WACO	CRIPPLED CHILDRENS DTC	1	2	1		458 839	393 206
3	WICHITA FALLS	WICHITA GENERAL	9	2			88 500	204 109
8	WICHITA FALLS	WICHITA GENERAL	1	5		100	1 933 506	36 000
8	WICHITA FALLS	BETHANIA HOSP	1	2		26	171 005	920 000
8	WICHITA FALLS	WICHITA GENERAL DTC	1	5		108	2 169 820	85 500
3	WOODVILLE	TYLER COUNTY	9	2			119 000	750 000
3	YOAKUM	HUTH MEMORIAL	1	1		23	207 914	59 500
3	YORKTOWN	YORKTOWN MEMORIAL	1	2		16	121 027	63 117
			1	1		20	433 985	60 514
	UTAH							216 993
3	AMERICAN FORK	AMERICAN FORK						
3	LOGAN	SUNSHINE TERRACE	1	1		29	372 439	124 140
8	LOGAN	LOGAN HOSP	0	2		27	95 346	46 901
3	MOAB	GRAND COUNTY HOSP	1	5	4	104	1 488 159	585 432
3	MONTICELLO	SAN JUAN COUNTY	1	1		25	642 884	288 833
3	NEPHI	JUAB COUNTY	1	5		8	46 128	15 376
8	OGDEN	CITY COUNTY HC	1	1		14	298 083	
8	PRICE	CITY COUNTY	5	1			357 380	133 006
8	PROVO	ELDRED SUNSET MANOR	1	1	4	•	1 049 454	160 821
3	PROVO	UTAH VALLEY	04	1		80	1 134 002	470 454
3	PROVO	UTAH STATE NH	1	5		85	611 361	567 001
3	PROVO	UTAH STATE HOSP	3	2	2			203 786
8	PROVO	UTAH STATE HOSP ABF	3	2		82	266 132	94 398
3	RICHFIELD	SEVIER COUNTY HC	3	5	4		1 429 946	562 910
3	SALT LAKE CITY	HOLY CROSS NS	5	1			275 280	123 676
3	SALT LAKE CITY	ST MARKS	1	5	5		66 071	21 973
3	SALT LAKE CITY	SALT LAKE CO GEN	1	2		84	1 286 304	578 838
8	SALT LAKE CITY	CHILD HEALTH CENTER	1	2		30	491 047	220 935
3	ST GEORGE	ST MARKS R F	8	1	3		652 280	286 349
		DIXIE PIONEER MEM	6	2			769 156	231 189
3	TOOELE CITY	TOOELE VALLEY	1	1		38	311 955	152 500
3	VERNAL	UINTAH COUNTY GENERAL	1	1		30	495 145	220 588
	VERMONT						437 336	145 779
3	BARRE	BARRE CITY						
8	BELLOWS FALLS	ROCKINGHAM MEM DTC	1	2		•	473 826	157 942
3	BRATTLEBORO	BRATTLEBORO MEMORIAL	9	2			74 876	32 120
8	BRATTLEBORO	BRATTLEBORO MUTUAL AID	1	2		•	277 945	98 648
3	BURLINGTON	STATE HEALTH LABORATORY	0	4		30	628 081	215 050
3	BURLINGTON	MARY FLETCHER	8	1			452 384	84 537
8	BURLINGTON	MUNICIPAL NURSING HOME	1	2		158	2 525 455	
8	BURLINGTON	VERMONT REHAB CENTER	0	1		40	280 000	780 106
3	BURLINGTON	MARY FLETCHER DTC	6	2			585 000	140 000
3	MONTPELIER	HEATON	9	2			87 750	200 000
3	MORRISVILLE	COPLEY	1	5		59	746 327	39 488
8	MORRISVILLE	COPLEY	1	3		28	34 835	241 666
			1	1		38	575 290	18 961
								190 430

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
S	RUTLAND	THE RUTLAND	1	4		155	2 514 169	718 405
S	RUTLAND	THE RUTLAND DTC	9	4			284 639	138 531
S	SPRINGFIELD	SPRINGFIELD	1	8	4	0	1 180 494	393 498
S	ST ALBANS	KERBS MEMORIAL	1	1		68	1 224 000	408 000
	VIRGINIA							
S	ABINGDON	JOHNSTON MEMORIAL	1	5	4	46	783 354	270 781
S	ABINGDON	JOHNSTON MEMORIAL	1	8		82	858 000	189 000
S	ABINGDON	WASHINGTON CO MC	5	1			64 250	35 200
S	ACCOMAC	ACCOMAC CO MC	5	1			75 374	41 456
S	AMELIA	AMELIA CO PHC	5	1			21 991	12 095
S	AMHERST	AMHERST COUNTY PHC	5	1			119 190	36 730
S	ARLINGTON	ARLINGTON	1	8		78	509 389	348 639
S	ARLINGTON	ARLINGTON PHC	5	1			151 943	76 487
S	ARLINGTON	ARLINGTON	1	5	4	70	1 046 243	390 000
S	ARLINGTON	ANDERSON ORTHOPEDIC RF	6	2			1 083 205	167 890
S	ARLINGTON	ARLINGTON CO DTC	9	2			68 903	30 500
S	BEDFORD	BEDFORD CO MEM	1	1		48	895 667	893 060
S	BOWLING GREEN	CAROLINE CO PHC	5	1			87 037	14 588
S	BRISTOL	KINGS MT MEM NH	1	8	8		414 563	202 188
S	BRISTOL	BRISTOL PHC	5	1			78 668	35 640
S	CHARLOTTESVLE	UNIV OF VIRGINIA	04	8		104	1 563 500	878 827
S	CHARLOTTESVLE	UNIV OF VIRGINIA	1	8	4	34	738 308	391 916
S	CHARLOTTESVLE	MARTHA JEFFERSON	1	8	4	58	1 147 788	450 185
S	CHARLOTTESVLE	UNIV OF VA CHILD REHAB	6	2			491 000	308 000
S	CHARLOTTESVLE	UNIV OF VIRGINIA	1	2		315	5 358 000	10 000
S	CHARLOTTESVLE	UNIV OF VIRGINIA DTC	9	5			991 508	358 655
S	CHESTERFIELD	CHESTERFIELD CO PHC	5	1			101 683	53 764
S	CHRISTIANSBURG	MONTGOMERY CO MC	5	1			47 800	24 890
S	COVINGTON	ALLEGHANY COVINGTON MC	5	1			57 630	29 388
S	CULPEPER	CULPEPER MEMORIAL	1	1		0	1 009 800	541 640
S	CUMBERLAND	CUMBERLAND COUNTY PHC	5	3			81 869	10 888
S	DANVILLE	THE MEMORIAL HOSPITAL	1	5	4	0	3 118 703	1 419 040
S	DANVILLE	DANVILLE PHC	5	1			150 000	88 300
S	DINWIDDIE	DINWIDDIE COUNTY PHC	5	1			108 935	80 436
S	EMPORIA	GREENSVILLE CO PHC	5	1			40 577	19 843
S	FAIRFAX	FAIRFAX CO PHC	5	1			192 941	100 556
S	FARMVILLE	SOUTHSIDE COMMUNITY	1	5	4	0	862 570	328 677
S	FARMVILLE	SOUTHSIDE COMMUNITY	1	5	4	11	190 000	95 000
S	FREDERICKSBURG	MARY WASHINGTON	7	1		114	1 847 038	590 372
S	FREDERICKSBURG	MARY WASHINGTON	7	5		30	200 600	81 000
S	FRONT ROYAL	WARREN MEMORIAL	1	1	3	43	810 087	256 895
S	FRONT ROYAL	WARREN MEMORIAL	1	8		80	341 000	187 650
S	GREAT BRIDGE	NORFOLK CO MC	5	1			126 788	68 474
S	HAMPTON	DIXIE HOSP	1	1		185	4 018 000	1 653 763
S	HARRISONBURG	ROCKINGHAM MEMORIAL	1	5	3	118	1 581 950	502 815
S	HARRISONBURG	ROCKINGHAM COUNTY PHC	5	1			283 257	109 368
S	HARRISONBURG	ROCKINGHAM MEMORIAL	1	2	4	43	683 588	225 000
S	HOPEWELL	JOHN RANDOLPH HOSP	1	5		39	994 646	481 500
S	LAWRENCEVILLE	BRUNSWICK CO MC	5	1			60 310	38 140
S	LEBANON	RUSSELL CO PHC	5	1			63 139	34 688
S	LEESBURG	LOUDOUN COUNTY	1	5		0	585 792	173 760
S	LEXINGTON	STONEWALL JACKSON	1	1		60	1 082 926	544 712
S	LEXINGTON	STONEWALL JACKSON	1	2		16	184 800	91 000
S	LOUISA	LOUISA CO MEMORIAL	7	1		83	292 310	131 565
S	LOVINGSTON	NELSON COUNTY PHC	5	1			72 580	24 350
S	LURAY	PAGE MEMORIAL	1	4		38	510 000	255 000
S	LYNCHBURG	LYNCHBURG	1	1		248	4 031 046	1 193 841
S	MONTEREY	HIGHLAND CO PHC	5	1			31 847	17 005
S	NASSAWADOX	NORTHAMPTON ACCOMACK	1	5	2	82	643 498	328 728
S	NASSAWADOX	NORTHAMPTON PHC	5	1			68 596	30 060
S	NEWPORT NEWS	WHITTAKER MEMORIAL	1	8	4	0	720 400	345 000
S	NORFOLK	NORFOLK GENERAL	04	8		44	613 180	331 100
S	NORFOLK	DE PAUL HOSP	1	8	4	0	1 737 000	878 000
S	NORFOLK	NORFOLK GENERAL	1	2		191	3 711 880	1 038 596
S	NORFOLK	NORFOLK GENERAL DTC	9	2			714 940	388 804
S	NORTON	WISE COUNTY PHC	5	1			35 186	18 715
S	ORANGE	ORANGE CO MC	5	1			120 000	66 000
S	PEARISBURG	GILES MEMORIAL	1	1		46	835 890	262 333
S	PETERSBURG	PETERSBURG GENERAL	1	1	3	180	3 328 202	1 454 848
S	PETERSBURG	PETERSBURG GENERAL	1	2		50	378 000	173 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	PORTSMOUTH	MARYVIEW HOSPITAL	1	2		38	466 000	233 000
3	PRINCESS ANNE	PRINCESS ANNE CO PHC	5	1			78 145	39 538
3	RADFORD	RADFORD COMM ARF	1	5	4		28 726	7 931
2	RADFORD	RADFORD COMMUNITY	1	5	4	27	257 309	104 780
3	RICHMOND	MEDICAL COLLEGE OF VA	1	2	4	27	274 878	91 624
3	RICHMOND	RICHMOND EYE	1	1		42	764 366	373 870
3	RICHMOND	RICHMOND MEM	1	1		411	5 101 732	1 650 409
3	RICHMOND	RETREAT FOR THE SICK	1	2	4	9	211 325	69 835
3	RICHMOND	RICHMOND PHC	5	1			69 279	33 660
2	RICHMOND	HENRICO CO HC	5	2			154 605	85 033
3	ROANOKE	MEM AND CRIPPLED CHILD	1	5	4	159	3 001 843	960 660
3	ROANOKE	BURRELL MEM	1	1		80	1 645 847	539 972
3	ROANOKE	ROANOKE PHC	5	1			387 780	189 357
3	ROCKY MOUNT	FRANKLIN MEMORIAL	1	1		40	617 488	301 840
3	ROCKY MOUNT	FRANKLIN MEM	7	2		12	101 415	45 573
3	SOUTH BOSTON	HALIFAX COMMUNITY	1	1		50	925 000	453 250
1	SOUTH BOSTON	HALIFAX COMMUNITY	1	5		89	452 000	243 650
3	SOUTH HILL	COMMUNITY MEM	1	1		40	825 832	415 393
1	SOUTH HILL	COMMUNITY MEMORIAL	1	2		33	302 500	165 000
3	STAUNTON	KINGS DAUGHTERS	1	1	3	117	2 496 530	850 905
2	STAUNTON	KINGS DAUGHTERS	1	2		28	600 000	300 700
3	SUFFOLK	LOUISE OBICI MEMORIAL	1	1		117	2 822 490	773 027
3	SUFFOLK	LOUISE OBICI	1	2		24	132 951	43 776
3	SUFFOLK	TRI CO AND SUFFOLK PHC	5	1			163 726	82 032
3	SUSSEX	SUSSEX COUNTY PHC	5	1			45 014	23 985
2	VIRGINIA BEACH	VIRGINIA BEACH PHC	5	1			46 660	25 663
2	WARM SPRINGS	BATH CO HLTH DEPT HC	5	1	3		25 884	14 025
2	WARRENTON	THE FAUQUIER HOSP	1	1		50	1 456 000	533 500
3	WINCHESTER	WINCHESTER MEMORIAL	1	5	4	*	4 037 881	1 056 000
3	WOODSTOCK	SHENANDOAH CO MEMORIAL	1	1		50	796 064	373 032
	WASHINGTON							
3	ABERDEEN	ST JOSEPH	1	5		72	1 500 138	318 766
3	BELLINGHAM	ST JOSEPHS	1	2		61	676 497	225 499
2	BELLINGHAM	ST LUKES GEN HOSP	1	7		*	1 696 659	670 000
3	CENTRALIA	LEWIS COUNTY	1	2	4	18	331 927	138 400
3	CHEHALIS	ST HELEN	1	5		43	748 393	299 242
3	CHEHALIS	LEWIS CO HC	5	1			267 670	42 375
3	CHELAN	LAKE CHELAN EQ	1	1			35 698	11 899
3	CLARKSTON	TRI STATE MEM	1	1		50	657 864	262 906
3	COLVILLE	MOUNT CARMEL	1	1		36	744 062	222 634
3	EPHRATA	GRANT CO HEALTH DEPT	5	1			473 281	86 302
2	EPHRATA	COLUMBIA BASIN HOSP	1	1		27	672 000	260 000
3	FORKS	OLYMPIC CLINIC	1	1		14	176 247	58 749
3	GOLDENDALE	KLICKITAT	1	1		19	289 384	96 126
3	LONGVIEW	ST JOHNS	1	5	4	81	1 162 152	462 724
2	METALINE FALLS	COMMUNITY HOSP	1	1		14	282 292	112 400
3	MOSES LAKE	SAMARITAN	1	1		50	927 500	337 800
2	MOUNT VERNON	SKAGIT CO HOSP DIST 1	1	1		78	1 180 000	472 000
2	NEWPORT	NEWPORT COMMUNITY	1	4		20	468 155	187 200
3	ODESSA	VETERANS MEMORIAL HOSP	1	1		8	177 899	59 300
3	OLYMPIA	OLYMPIA HC	5	1			309 000	34 720
3	PASCO	OUR LADY OF LOURDES	1	2		46	610 038	194 308
3	PORT ANGELES	OLYMPIC MEMORIAL	1	1		76	1 053 551	375 872
3	PULLMAN	COMM HOSP AND CLINIC	1	5	4	*	431 104	144 382
3	PUYALLUP	LUTHERAN MINOR EQ	4	1			466 681	28 000
3	RITZVILLE	ADAMS COUNTY	1	4		20	330 379	132 152
3	SEATTLE	KING CO HOSP UNIT 2	4	3	4	226	391 360	153 344
3	SEATTLE	BALLARD GENERAL	1	1		96	1 543 237	617 295
3	SEATTLE	UNIV OF WASHINGTON ARF	1	1	4		2 844 743	600 000
3	SEATTLE	KING CO HARBORVIEW	1	2	3	*	3 655 415	305 415
2	SEATTLE	UNIV OF WASHINGTON	1	1		*	9 301 642	806 509
2	SEATTLE	UNIV OF WASHINGTON RF	6	2			917 287	350 000
2	SEATTLE	UNIV OF WASHINGTON DTC	9	2			2 673 892	1 040 000
3	SEATTLE	CHILDRENS ORTH EQ	1	1			8 405 366	84 000
3	SEDRO WOOLLEY	MEMORIAL HOSPITAL	1	5		40	234 101	92 407
3	SOUTHBEND	WILAPA HARBOR HOSP	1	1		40	547 570	157 508
3	SPOKANE	SACRED HEART EQ	1	5			4 295 556	157 070
3	SPOKANE	DEACONESS	1	5	4	47	1 082 770	160 000
2	SPOKANE	DEACONESS NH AND SCH	1	2	2		720 000	288 000

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
1	SPOKANE	ST LUKES HOSP	0	5		49	58 358	28 141
1	SPOKANE	ST LUKES HOSP	1	5	4	*	535 208	177 859
1	TACOMA	PIERCE COUNTY HC	8	8			43 613	14 538
3	TACOMA	PIERCE COUNTY HC	8	1			336 434	134 574
3	TACOMA	ST MARTINS	1	1		34	576 811	195 124
3	TOMASKET							
3	WENATCHEE	CENTRAL WASH DEACONESS	1	8	4	50	594 010	169 761
3	WENATCHEE	CENT WASH DEACONESS NH	1	2	2		202 830	81 138
3	WENATCHEE	CHELAN DOUGLAS HC	8	1			309 976	43 991
3	WHITE SALMON	SKYLINE HOSP	1	1		18	240 908	78 460
3	YAKIMA	YAKIMA VALLEY MEM	1	1		157	8 519 353	310 096
8	YAKIMA	YAKIMA VALLEY MEM	1	5		32	404 710	35 000
	WEST VIRGINIA							
8	BUCKHANNON	ELIZ COPLIN LEONARD MEM	1	8		13	268 680	1 140 361
3	CHARLESTON	CHARLESTON MEMORIAL	1	1		846	3 976 603	1 385 534
3	CHARLESTON	STATE HYGIENIC LAB	8	1			585 183	356 925
8	CHARLESTON	CHARLESTON NH TRNG SCH	1	2	2		963 315	587 622
8	CHARLESTON	CHARLESTON NH TRNG SCH	3	8		100	479 913	159 971
3	DENMAR	DENMAR SAN						
3	DENMAR	DENMAR SAN NH	8	8	2		67 184	16 000
3	FAIRMONT	FAIRMONT GENERAL	1	8		55	642 625	380 386
1	GRANTSVILLE	CALHOUN CO HOSP	1	1		30	519 400	316 834
3	HOPEMONT	HOPEMONT SAN	8	8		175	1 490 519	481 616
3	HUNTINGTON	HUNTINGTON STATE	3	8		156	502 874	167 485
3	HUNTINGTON	HUNTINGTON STATE	3	8	4	85	158 453	30 818
8	HUNTINGTON	HUNTINGTON ORTHOPEDIC	4	8		50	689 886	420 830
8	HUNTINGTON	CABELL HUNTINGTON EG	1	1			3 899 657	387 619
8	HUNTINGTON	CABELL HUNTINGTON ASF	1	5	4		99 186	31 550
8	HUNTINGTON	CABELL HUNTINGTON HC	8	1			234 488	142 334
8	KINGWOOD	PRESTON MEMORIAL	1	1	1	76	1 588 818	833 006
3	LAKIN	LAKIN STATE	3	8		48	419 360	138 793
3	LAKIN	LAKIN STATE HOSPITAL	3	8	8	40	129 760	43 860
3	LAKIN	LAKIN STATE ASF	3	8	4		148 050	48 050
8	MORGANTOWN	W VA UNIV MED CTR	64	1		143	1 857 564	314 996
8	MORGANTOWN	MONONGALIA GENERAL	1	5	4	30	481 443	211 195
8	MORGANTOWN	W VA UNIV MED CTR	1	1		*	9 588 876	370 487
8	MORGANTOWN	W VA UNIV MED CTR RF	6	1			999 980	114 996
8	MORGANTOWN	W VA UNIV MED CTR OTC	9	1			1 813 640	300 000
3	MOUNDSVILLE	MARSHALL CO HC	8	1			186 530	77 183
3	NEW MARTINSVLE	WETZEL COUNTY	1	8		33	448 741	244 501
3	PARKERSBURG	ST JOSEPHS HOSP	1	8	8	*	1 262 707	770 075
3	PARKERSBURG	CAMDEN CLARK MEM	1	6	4	44	1 041 868	427 143
8	PETERSBURG	GRANT MEMORIAL	1	1		40	780 991	476 405
3	PHILIPPI	BROADDUS HOSP ASSOC	1	1		108	1 574 315	960 332
1	POINT PLEASANT	MASON COUNTY HOSP	1	1		40	588 500	358 985
3	RICHWOOD	SACRED HEART	1	1		60	1 467 117	908 198
8	ROMNEY	HAMPSHIRE MEM HOSP	1	1		40	800 861	439 200
3	SO CHARLESTON	HERBERT J THOMAS MEM	1	3		87	106 251	38 417
3	SPENCER	SPENCER STATE	3	8		80	704 591	289 119
3	SPENCER	SPENCER STATE ASF	3	8	4		181 000	40 333
3	TRIADELPHIA	OHIO CO TB SAN NH	2	8	2		94 414	56 355
3	WEBSTER SPRGS	COUNTY MEMORIAL	1	1		31	518 643	322 356
3	WEIRTON	WEIRTON	1	1	8	*	3 708 865	2 310 252
3	WESTON	WESTON STATE	3	8		121	410 351	136 784
8	WHEELING	OHIO VALLEY GENERAL	1	5	4	*	5 033 725	1 261 978
8	WHEELING	CITY COUNTY HC	5	4			8 388 253	76 799
	WISCONSIN							
3	ALGOMA	ALGOMA MEMORIAL	1	1		30	427 855	190 088
3	ALGOMA	ALGOMA MEMORIAL	1	5	4	16	138 351	31 340
3	AMERY	APPLE RIVER VALLEY	1	1		35	475 140	198 618
3	ANTIGO	LANGLADE CO	1	5	4	*	1 257 788	560 869
8	BELOIT	BELOIT MUNICIPAL	4	5	4	*	1 302 031	280 339
3	BERLIN	BERLIN MEMERIAL	1	7		*	489 280	190 478
3	BOSCOBEL	BOSCOBEL MEMORIAL	1	4		87	436 490	195 717
8	BOSCOBEL	MEMORIAL HOSP	1	5	4	4	43 586	17 434
3	BURLINGTON	BURLINGTON MEMORIAL	1	2		37	508 486	227 097
1	BURLINGTON	BURLINGTON MEMORIAL	1	5		*	915 300	336 000
3	CHILTON	CALUMET MEM	1	1		36	582 091	208 837
3	CLINTONVILLE	WILLIAM FINNEY MEM	1	4		50	800 462	262 299

HEALTH RESEARCH FACILITIES

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	COLUMBUS	ST MARYS HOSP	1	3	4	50	543 820	217 316
2	CUDAHY	TRINITY MEMORIAL	1	1		96	2 017 186	806 874
3	DARLINGTON	LAFAYETTE CO MEMORIAL	1	1		33	498 363	220 439
3	DODGEVILLE	ST JOSEPHS	1	3		43	544 187	231 633
3	DURAND	ST BENEDICT COMMUNITY	1	1		40	621 664	279 280
2	DURAND	ST BENEDICT COMMUNITY	0	2		30	324 052	124 581
3	EAU CLAIRE	LUTHER HOSP	64	2		26	225 144	90 058
2	EAU CLAIRE	LUTHER HOSPITAL	1	5		51	812 067	268 388
1	EDGERTON	LUTHER HOSP DTC	9	2			574 847	106 810
		MEMORIAL COMMUNITY	1	5	4	•	500 000	200 000
1	FRIENDSHIP	ADAMS CO MEMORIAL	1	1		20	200 000	80 000
3	FT ATKINSON	FT ATKINSON MEMORIAL	1	1		62	952 688	313 496
1	FT ATKINSON	FT ATKINSON MEMORIAL	1	2		30	487 045	188 760
2	GREEN BAY	ST VINCENT	64	2		48	472 955	189 182
2	GREEN BAY	BELLIN MEMORIAL	1	5	4	74	1 412 234	389 036
1	HARTFORD	BELLIN MEMORIAL NH	1	4	2		325 132	142 874
2	HAYWARD	ST JOSEPHS HOSP	1	5	4	83	651 000	260 400
3	HILLSBORO	HAYWARD MEMORIAL	1	5	4	27	321 682	137 386
1	HILLSBORO	ST JOSEPH MEMORIAL	1	1		30	538 716	233 483
		ST JOSEPHS HOME	0	2		31	344 600	79 430
3	LACROSSE	LACROSSE LUTHERAN	1	5	4	64	974 698	382 530
3	LANCASTER	MEMORIAL HOSP	1	1		33	596 663	260 498
3	MADISON	MADISON GENERAL	1	2		112	2 642 248	482 716
3	MADISON	STATE DEPT OF HLTH LAB	6	5			1 683 418	757 388
2	MADISON	ST MARYS	1	3	4	19	385 299	153 773
3	MENOMONIE	MENOMONIE MEMORIAL	1	2		33	472 981	142 181
3	MILWAUKEE	ST LUKES	1	2		153	2 713 794	1 042 159
3	MILWAUKEE	ST FRANCIS EQ	1	1			5 342 152	100 000
3	MILWAUKEE	COLUMBIA	1	5		112	1 253 479	141 540
2	MILWAUKEE	DENTAL REHAB UNIT RF	6	2			800 959	113 425
2	MILWAUKEE	CURATIVE WORKSHOP RF	6	3			97 632	39 053
2	MILWAUKEE	ST MICHAEL HOSP DTC	9	1			463 662	185 465
3	NEILLSVILLE	NEILLSVILLE	1	1		33	538 478	242 315
3	NEW LONDON	NEW LONDON COMMUNITY	1	5		18	426 589	191 089
3	NEW RICHMOND	HOLY FAMILY	1	1		24	495 474	146 446
2	NEW RICHMOND	HOLY FAMILY	0	2		20	205 000	82 000
3	OCONOMOWOC	LUTHERAN MEMORIAL	1	1		51	923 904	410 508
3	OSCEOLA	OSCEOLA GENERAL	1	4		10	131 091	58 826
2	OSHKOSH	MERCY HOSP REHAB CTR EQ	6	2			561 764	24 706
1	PARK FALLS	PARK FALLS HOSP	1	1		35	327 000	130 800
3	PLATTEVILLE	PLATTEVILLE MUNICIPAL	1	1		30	394 513	129 337
1	PLATTEVILLE	PLATTEVILLE MUNICIPAL	0	2		22	210 300	63 436
2	PLYMOUTH	THE PLYMOUTH HOSP	1	5	4	•	424 014	132 111
2	PORT WASH	ST ALPHONSUS HOSP	1	5	2	•	3 080 000 1	232 000
2	PORTAGE	DIVINE SAVIOR	1	5	4	•	1 660 840	742 536
3	PRAIRIE DU CH	MEMORIAL HOSP	1	1		36	456 146	181 463
3	PRAIRIEDU SAC	SAUK PRAIRIE MEM	1	1		25	400 127	159 854
3	REEDSBURG	REEDSBURG MUNICIPAL	1	2	1	26	317 088	142 220
3	RHINELANDER	ST MARYS HOSP	1	2	4	67	1 355 868	572 209
3	RICE LAKE	ST JOSEPHS	1	2		53	891 112	263 449
3	RICHLAND CTR	RICHLAND	1	5		31	482 899	184 402
3	RIPON	RIPON MUNICIPAL	1	2		32	443 059	192 709
3	SHEBOYGAN	SHEBOYGAN MEMORIAL	1	2		63	611 470	271 188
3	ST CROIX FALLS	ST CROIX VALLEY MEM	1	1		34	369 184	165 969
3	STANLEY	VICTORY MEMORIAL	1	2		8	139 102	61 920
3	STANLEY	VICTORY MEM ASF	1	2	4		27 953	12 579
1	STANLEY	VICTORY MEMORIAL	1	2		41	400 000	160 000
2	STOUGHTON	STOUGHTON HOSP	1	5	4	•	802 000	313 600
3	TOMAH	TOMAH MEMORIAL	1	1		24	422 115	188 869
2	TOMAH	TOMAH MEM NURSING HOME	0	5		27	105 087	42 035
3	VIROQUA	TOMAH MEMORIAL	1	2		16	180 776	72 310
3	VIROQUA	VERNON MEM	1	2		30	370 393	166 061
2	VIROQUA	VERNON MEM	1	2	1	17	142 503	62 581
1	VIROQUA	VERNON MEMORIAL	1	2	4	•	393 348	119 181
		VERNON MEMORIAL DTC	9	2			150 000	60 000
3	WAUKESHA	WAUKESHA MEMORIAL	1	5		•	1 084 479	453 254
3	WAUKESHA	WAUKESHA MEMORIAL	1	5	4	84	3 122 288	846 827
3	WAUPACA	RIVERSIDE MEM	1	1		45	413 447	185 904
1	WAUTOMA	MEMORIAL COMMUNITY	1	1		30	320 000	128 000
1	WEST ALLIS	WEST ALLIS MEMORIAL	1	1		250	5 000 000	500 000
3	WINNEBAGO	WINNEBAGO STATE	3	2		240	8 823 147	913 462

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
3	WOODRUFF	LAKELAND MEMORIAL	1	1		18	195 765	59 175
	WYOMING							
3	BUFFALO	JOHNSON CO MEMORIAL	1	1	3	20	270 986	87 321
8	CHEYENNE	RICHARDSON MEMORIAL DTC	9	2			186 065	93 459
3	DOUGLAS	CONVERSE CO MEMORIAL	1	1		30	302 703	98 787
3	EVANSTON	MEM HOSP OF UINTA CO	1	1		21	259 579	84 537
3	GILLETTE	CAMPBELL CO MEM	1	1	1	32	367 196	121 108
3	GREYBULL	SOUTH BIG HORN CO HOSP	1	1		30	503 973	147 110
3	LOVELL	NORTH BIG HORN HOSP	1	1		25	447 756	135 767
3	NEW CASTLE	WESTON CO MEMORIAL	1	1		24	192 525	64 175
3	POWELL	WAR MEM HOSP OF DIST 1	1	1		31	332 515	104 562
1	RAWLINS	MEMORIAL HOSP ASF	1	3	4		84 200	20 000
3	RIVERTON	FREMONT CO MEMORIAL	1	1		17	255 231	83 670
8	RIVERTON	FREMONT CO MEMORIAL	0	9		18	137 162	68 581
8	RIVERTON	FREMONT CO MEMORIAL	1	5		10	127 119	27 500
3	SHERIDAN	MEM HOSP OF SHERIDAN CO	1	1		90	1 411 858	461 767
8	THERMOPOLIS	HOT SPRINGS CO MEM	G4	1		*	737 945	368 973
8	THERMOPOLIS	HOT SPRINGS CO MEM	1	1		33	776 891	136 486
8	THERMOPOLIS	SOTTSCHE FOUNDATION RT	6	1			338 068	175 400
3	TORRINGTON	GOSHEN CO MEMORIAL	1	1		48	482 284	189 024
3	WHEATLAND	PLATTE CO MEM	1	1		38	488 383	141 614
	ALASKA							
3	CORDOVA	CORDOVA COMMUNITY	1	1		22	471 316	833 033
3	FAIRBANKS	ST JOSEPHS ED	1	5	4		1 024 516	47 319
8	FAIRBANKS	FAIRBANKS HC	5	1			190 670	95 335
3	JUNEAU	ST ANNS	1	8	4	26	535 013	231 399
8	KAKE	KAKE HC	5	1			50 631	25 316
8	MCGRATH	MCGRATH HC	5	1			86 961	43 380
3	NOME	THE MAYNARD MACDOUGALL	1	1	2	34	598 687	198 947
3	PALMER	VALLEY PRESBYTERIAN	1	1		*	684 849	342 424
3	SEWARD	SEWARD GEN HH	1	4	2		322 163	161 082
3	SITKA	SITKA COMMUNITY	1	1		23	376 098	97 811
	HAWAII							
3	HANAPEPE	HANAPEPE AUX HC	5	1			41 196	20 032
3	HILO	PUUMAILE TB	3	1	3	108	2 409 143	373 137
1	HILO	WAIAKEA HC	5	1			55 000	27 500
3	HONOLULU	KUAKINI	1	5		119	773 368	386 681
3	HONOLULU	THE QUEENS HOSP	1	8	3	108	1 222 430	546 940
3	HONOLULU	THE REHABILITATION CTR	6	4			420 744	150 000
8	HONOLULU	THE QUEENS HOSP DTC	9	2			1 880 041	500 000
1	KONA	KONA HC	5	1			39 000	19 500
8	WAHIAWA	WAHIAWA GEN HOSP	1	4		60	1 272 703	522 787
3	WAILUKU	CENTRAL MAUI MEMORIAL	1	1	3	140	1 889 581	565 438
3	WAIMEA	KAUAI VETERANS MEM	1	1	3	35	573 658	264 250
	PUERTO RICO							
8	AIBONITO	MENNONITE GENERAL	1	1	4	32	481 663	319 109
8	ARECIBO	ARECIBO HEALTH CENTER	5	1			279 000	186 000
3	BAYAMON	BAYAMON	1	5	2	*	714 775	476 516
3	BAYAMON	BAYAMON DIST ASF	1	2	4		21 033	12 656
3	CAMUY	CAMUY HC	7	4		28	263 977	175 943
8	CATANO	CATANO HEALTH CENTER	7	1		82	284 256	176 171
3	CAYEY	CAYEY HOSP AND HC	7	1	1	48	580 482	386 935
3	CIDRA	CIDRA HEALTH CTR	7	8	4	82	239 726	157 024
8	COAMO	COAMO HEALTH CENTER	5	1			297 987	194 495
3	COMERIO	COMERIO HC	7	1		82	343 599	235 762
3	GUAYAMA	GUAYAMA HOSP HLTH CTR	7	5	3	64	855 098	567 484
8	GUAYNABO	GUAYNABO	7	1		28	259 451	172 967
8	HATO REY	TEACHERS HOSPITAL	1	1		120	1 616 463	1 000 000
3	HORMIGUEROS	HORMIGUEROS HC	7	1		12	205 214	136 809
3	HUMACAO	HUMACAO HOSP AND HC	1	1		54	705 714	464 762
3	HUMACAO	RYDER MEM HOSP NH	1	8	2		198 386	132 257
1	HUMACAO	RYDER MEMORIAL DTC	9	2			225 000	150 000
3	ISABELA	ISABELA HC	7	1			27 970	18 647
3	MAYAGUEZ	BELLA VISTA	1	1	3	58	631 183	410 867

STATUS	LOCATION	NAME	CATE-GORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
2	MAYAGUEZ	MAYAGUEZ PHC	5	1			246 000	164 000
2	MOCA	MOCA HEALTH CENTER	7	1		22	279 175	186 116
3	PATILLAS	PATILLAS GEN AND PHC	7	1	1	22	286 206	187 224
3	PONCE	PONCE HOSP CENTER	1	1		434	6 760 532	4 397 362
3	PONCE	PONCE HOSP CENTER NH	1	1	2		1 323 438	882 292
2	PONCE	PONCE HOSP CENTER	3	1		716	3 257 400	2 171 600
2	PONCE	PONCE HOSP CENTER RF	6	1			402 600	268 400
3	RINCON	RINCON HOSP AND PHC	7	1			25 244	16 829
3	RIO PIEDRAS	RIO PIEDRAS TB	2	2	4	800	5 356 287	1 772 958
3	RIO PIEDRAS	INSULAR PSYCHIATRIC	3	5		704	2 843 901	947 934
3	RIO PIEDRAS	INSULAR PSYCHIATRIC	3	2		758	4 500 923	2 997 790
2	RIO PIEDRAS	INSULAR PSYCH ASF	3	2	4		2 400 000	1 600 001
3	SAN GERMAN	SAN GERMAN HOSP AND HC	7	1		42	504 691	336 310
2	SAN JUAN	CANCER HOSP	G4	1		100	1 098 705	732 470
2	SAN JUAN	BORINQUEN DIRP ASF	1	2	3		333 736	170 490
2	SAN JUAN	PRESBYTERIAN HOSP	1	5	4	0	1 850 000	900 000
2	TOA ALTA	TOA ALTA HC	7	1		22	270 000	180 000
2	TOA BAJA	TOA BAJA HC	7	1		22	240 000	160 000
3	UTUADO	UTUADO HOSP AND HC	7	1		54	810 382	527 436
3	VEGA BAJA	VEGA BAJA HC	7	5		26	274 819	183 213
3	VIQUES	VIQUES MUNICIPAL	7	4	4	21	194 251	129 465
3	YAUCO	YAUCO MUNICIPAL HOSP	1	2	1	41	224 346	149 564
	VIRGIN ISLANDS							
3	CHAR AMALIE	MUNICIPAL ASF	1	5	4		6 299	2 100
3	CHRISTIANSTED	MUNICIPAL ASF	1	2	4		23 646	15 764

PROJECT REGISTER : MONTHLY SUPPLEMENT

Showing Projects Approved During Current Month Under Title VI of the Public Health Service Act

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED SHARE
	ALABAMA							
1	FLORENCE	ELIZA COFFEE MEM	1	2		75	1 300 000	800 000
	ARIZONA							
1	NOGALES	ST JOSEPHS HOSP	1	1		50	1 088 000	435 000
	CALIFORNIA							
1	AVALON	AVALON MUNICIPAL	1	1		15	257 190	80 730
1	SAN FERNANDO	HOLY CROSS	1	1		300	3 872 976	1 285 998
	CONNECTICUT							
3	NEW LONDON	LAWRENCE AND MEMORIAL	1	5		*	3 860 634	200 000
	GEORGIA							
1	CAIRO	GRADY COMMUNITY	1	1		32	587 540	195 847
1	ROCHELLE	WILCOX COUNTY HC	5	1			45 000	15 000
1	WARNER ROBINS	HOUSTON MEMORIAL	1	1		59	1 000 000	333 333
	ILLINOIS							
3	WATERLOO	MONROE CO NURSING HOME	0	3		64	420 000	120 000
	KANSAS							
1	KANSAS CITY	DOUGLASS HOSP	1	1		45	938 056	125 080
	KENTUCKY							
3	LEXINGTON	UNIV OF KY MED CTR	1	1		*	14 883 106	546 638
3	LEXINGTON	UNIV OF KY MED CTR RF	6	1			1 131 497	6 880
3	LEXINGTON	UNIV OF KY MED CTR DTC	9	1			1 902 639	14 306
	MASSACHUSETTS							
3	FALL RIVER	THE UNION HOSP DTC	9	3			190 435	30 000
	MINNESOTA							
1	PERHAM	PERHAM MEMORIAL	1	4		35	500 000	333 000
1	ST PAUL	BETHESDA LUTHERAN	0	1		108	935 948	239 377
1	STAPLES	STAPLES MUNICIPAL	1	5	4	18	280 400	196 180
	MISSISSIPPI							
1	KOSCIUSKO	MONTFORT JONES MEM	1	1		65	995 700	650 800
	NEBRASKA							
2	OMAHA	ST CATHERINES HOSP NH	1	2	6		677 441	366 885
	NEW JERSEY							
1	JERSEY CITY	SETON HALL DTC	9	2			220 660	77 231
	NEW MEXICO							
1	ALBUQUERQUE	BATAAN MEM METHODIST	04	2		30	373 870	118 150

STATUS	LOCATION	NAME	CATEGORY	TYPE CONST	ADJ FAC	BEDS ADDED	ESTIMATED TOTAL COST	APPROVED FED. SHARE
1	ALBUQUERQUE	OSTEOPATHIC HOSP	1	1		85	348 000	150 000
1	ALBUQUERQUE	COUNTY AND CITY HC	5	1			300 000	150 000
1	CARLSBAD	ST FRANCIS HOSP DTC	9	5			100 000	50 000
	NEW YORK							
2	BROOKLYN	METHODIST HOSP	1	F	4	*	3 651 448	500 000
	NORTH CAROLINA							
1	ROBBINSVILLE	GRAHAM COUNTY HC	5	1			29 181	14 591
	OKLAHOMA							
1	CLAREMORE	CLAREMORE HC	7	1		13	66 230	33 115
1	HUGO	CHOCTAW MEMORIAL	1	3		6	75 000	37 500
	PENNSYLVANIA							
1	CHESTER	J LEWIS CROZER HOSP	1	3	4	68	765 073	344 343
1	CHESTER	SACRED HEART GENERAL	1	1		200	3 848 760	800 000
1	ERIE	HAMOT HOSP	1	3		*	3 998 395	107 000
1	HARRISBURG	HARRISBURG POLYCLINIC	64	3		46	459 999	153 333
1	HARRISBURG	HARRISBURG POLYCLINIC	1	3		33	389 998	76 666
	SOUTH CAROLINA							
1	HARTSVILLE	BYERLY HOSP	1	3		34	300 000	150 000
	TENNESSEE							
2	JOHNSON CITY	MEMORIAL HOSP DTC	9	5			911 061	95 680
1	NASHVILLE	DAVIDSON COUNTY HC	5	1			989 800	200 000
1	PARIS	HENRY CO GENERAL	1	3		37	388 000	115 440
	TEXAS							
1	BROWNSVILLE	MERCY HOSP	1	3		40	600 000	300 000
1	SAN ANGELO	ST JOHNS HOSP	1	3		38	460 000	230 000
1	TYLER	MEDICAL CENTER HOSP	1	3		80	1 034 000	517 000
	VIRGINIA							
1	CHARLOTTESVLE	UNIV OF VIRGINIA	64	5		104	1 543 500	578 987
1	CHARLOTTESVLE	UNIV OF VIRGINIA	1	2		316	8 358 000	110 000
1	CHARLOTTESVLE	UNIV OF VIRGINIA DTC	9	5			991 500	358 658
1	CULPEPER	CULPEPER MEMORIAL	1	1		*	1 009 800	541 640
1	SOUTH HILL	COMMUNITY MEMORIAL	1	3		33	309 500	145 000
	WEST VIRGINIA							
1	POINT PLEASANT	MASON COUNTY HOSP	1	1		40	588 500	338 988
	WISCONSIN							
1	FRIENDSHIP	ADAMS CO MEMORIAL	1	1		20	800 000	80 000

Table 1 - Consolidated Summary Showing Construction Status of Hospital and Medical Facility Projects Approved under the Public Health Service Act (Title VI) as Amended, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provided	
		Total Cost	Federal Share		Hospital Beds	Health Units
Total -						
All Projects	3,725	$3,073,551,836	$957,527,696		161,200	974
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	250	242,431,671	82,184,988	1952	11,394	67
	263	240,165,829	74,912,105	1953	11,537	76
	215	176,365,214	64,915,444	1954	8,808	72
	461	373,521,874	95,948,854	1955	13,627	188
	426	376,759,946	109,502,524	1956	16,745	136
	395	308,775,493	100,917,120	1957	14,426	125
	98	79,842,885	41,711,870	1958	4,183	14
	-	-	3,699,997	1959	-	-
In Operation	2,496	1,904,488,508	638,182,727		111,727	599
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	249	240,031,671	82,071,561	1952	11,394	67
	231	174,176,673	65,077,292	1953	9,595	73
	158	97,490,015	48,607,249	1954	5,424	61
	174	86,907,602	41,851,130	1955	3,580	71
	67	30,193,623	14,886,254	1956	1,254	31
	-	-	1,686,479	1957	-	-
	-	-	267,968	1958	-	-
Under Construction	972	950,153,902	251,768,001		38,338	305
	1	2,400,000	113,427	1952	-	-
	32	65,989,156	9,834,813	1953	1,942	3
	57	78,875,199	16,308,195	1954	3,384	11
	287	286,614,272	54,097,724	1955	10,047	117
	359	346,566,323	94,616,270	1956	15,491	105
	220	155,691,927	62,189,647	1957	6,897	65
	16	14,017,025	12,897,019	1958	577	4
	-	-	1,710,906	1959	-	-
Initially Approved	257	218,909,426	67,576,968		11,135	70
	175	153,083,566	37,040,994	1957	7,529	60
	82	65,825,860	28,546,883	1958	3,606	10
	-	-	1,989,091	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 1 C - Summary Showing Construction Status of Hospital Projects Approved by Fiscal Year, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provided	
		Total Cost	Federal Share		Hospital Beds	Health Centers
Total - All Projects	3,325	$2,857,106,216	$898,124,476		152,728	755
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	250	242,431,671	82,184,988	1952	11,394	67
	263	240,165,829	74,912,105	1953	11,537	76
	215	176,365,214	64,915,444	1954	8,808	72
	258	236,678,705	74,954,823	1955	8,981	70
	332	335,720,555	88,682,242	1956	14,965	84
	310	278,876,963	88,488,928	1957	12,855	82
	80	71,178,355	36,789,426	1958	3,708	8
	-	-	3,461,726	1959	-	-
In Operation	2,449	1,890,585,722	633,528,927		110,902	575
	449	283,226,818	74,434,174	1948	21,889	74
	366	283,172,523	74,870,726	1949	18,452	57
	536	459,286,727	149,724,900	1950	27,275	103
	266	250,002,856	84,704,994	1951	12,864	62
	249	240,031,671	82,071,561	1952	11,394	67
	231	174,176,673	65,077,292	1953	9,595	73
	158	97,490,015	48,607,249	1954	5,424	61
	132	74,648,148	38,965,844	1955	2,837	50
	62	28,550,291	13,394,695	1956	1,172	28
	-	-	1,443,190	1957	-	-
	-	-	234,302	1958	-	-
Under Construction	670	767,258,973	202,887,086		31,803	131
	1	2,400,000	113,427	1952	-	-
	32	65,989,156	9,834,813	1953	1,942	3
	57	78,875,199	16,308,195	1954	3,384	11
	125	161,936,143	35,988,979	1955	6,144	20
	271	307,264,678	75,287,547	1956	13,793	56
	174	142,096,688	53,223,041	1957	6,167	40
	10	8,697,109	10,609,491	1958	373	1
	-	-	1,521,593	1959	-	-
Initially Approved	206	199,261,521	61,708,463		10,023	49
	136	136,780,275	33,822,697	1957	6,688	42
	70	62,481,246	25,945,633	1958	3,335	7
	-	-	1,940,133	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 1 G - Summary Showing Construction Status of Medical Facility Projects Approved, by Fiscal Year, December 31, 1957

Status of Projects	Number of Projects	Estimated Cost		Fiscal Year	Facilities Provided	
		Total Cost	Federal Share		Beds	Health Units
Total -						
All Projects	400	$216,445,620	$59,403,220		8,472	219
	204	136,937,583	20,994,031	1955	4,646	118
	93	40,944,977	20,820,282	1956	1,780	52
	85	29,898,530	12,428,192	1957	1,571	43
	18	8,664,530	4,922,444	1958	475	6
	-	-	238,271	1959	-	-
In Operation	47	13,902,786	4,653,800		825	24
	42	12,259,454	2,885,286	1955	743	21
	5	1,643,332	1,491,559	1956	82	3
	-	-	243,289	1957	-	-
	-	-	33,666	1958	-	-
Under Construction	302	182,894,929	48,880,915		6,535	174
	162	124,678,129	18,108,745	1955	3,903	97
	88	39,301,645	19,328,723	1956	1,698	49
	46	13,595,239	8,966,606	1957	730	25
	6	5,319,916	2,287,528	1958	204	3
	-	-	189,313	1959	-	-
Initially Approved	51	19,647,905	5,868,505		1,112	21
	39	16,303,291	3,218,297	1957	841	18
	12	3,344,614	2,601,250	1958	271	3
	-	-	48,958	1959	-	-

Note: Final approval of Federal funds from 1959 is deferred pending availability of the allotment.

Table 2 - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)
Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	3,725	$3,073,552	$957,528	2,496	$1,904,489	$638,183	972	$950,154	$251,768	257	$218,909	$67,577
Alabama	106	65,247	36,271	63	45,469	24,027	29	13,548	8,218	14	6,231	4,026
Arizona	32	19,927	6,733	20	14,675	4,538	8	3,723	1,552	4	1,529	643
Arkansas	55	49,630	24,652	36	37,972	17,665	17	6,906	3,861	2	4,752	3,126
California	141	153,409	37,645	86	92,765	22,761	36	37,033	8,271	19	23,611	6,612
Colorado	37	27,700	8,203	21	12,308	4,511	16	15,392	3,692	-	-	-
Connecticut	44	47,830	6,657	27	29,238	4,343	17	18,591	2,314	-	-	-
Delaware	8	8,643	2,525	5	5,204	1,400	3	3,439	1,125	-	-	-
Dist. of Col.	11	16,315	2,937	7	8,902	1,962	4	7,413	975	-	-	-
Florida	99	74,483	22,606	63	42,382	15,386	23	23,490	4,495	13	8,611	2,725
Georgia	216	90,040	34,411	170	62,565	25,254	33	21,754	7,250	13	5,721	1,907
Idaho	30	14,936	4,174	24	12,176	3,037	6	2,760	1,137	-	-	-
Illinois	91	133,835	33,707	49	63,106	19,894	29	51,570	8,954	13	19,159	4,859
Indiana	67	70,121	22,856	45	45,196	16,421	19	22,821	5,896	3	2,104	539
Iowa	73	60,241	17,384	43	31,278	9,493	23	19,836	5,641	7	9,127	2,250
Kansas	57	46,923	13,270	36	24,584	8,493	15	17,338	3,749	6	5,002	1,028
Kentucky	126	79,034	30,886	95	43,121	21,997	30	35,863	8,863	1	50	25
Louisiana	109	70,439	26,315	78	47,796	17,038	23	18,618	7,186	8	4,024	2,091
Maine	25	18,193	7,105	11	7,415	3,667	13	9,432	2,838	1	1,346	600
Maryland	55	75,783	12,567	33	26,415	6,677	17	32,080	4,303	5	17,288	1,588
Massachusetts	96	115,429	21,007	58	72,121	13,480	33	36,789	6,277	5	6,519	1,250
Michigan	94	98,728	28,429	58	59,353	19,321	34	34,612	7,633	2	4,763	975
Minnesota	77	70,197	21,385	50	48,607	14,783	20	18,364	5,342	7	3,226	1,260
Mississippi	117	51,877	28,486	94	37,960	20,088	16	8,729	4,985	7	5,188	3,413
Missouri	59	66,784	23,478	25	33,507	13,772	31	32,268	9,239	3	1,008	467
Montana	33	10,160	2,952	21	6,898	1,974	12	3,262	978	-	-	-

Table 2 Continued - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)

Table 2 Continued - CONSOLIDATED SUMMARY (Hospital and Medical Facility Projects)
Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Nebraska	57	29,995	8,675	46	24,521	6,778	11	5,474	1,897	-	-	-
Nevada	15	6,071	2,159	10	3,151	1,248	5	2,920	910	-	-	-
New Hampshire	29	15,801	4,812	12	7,926	2,629	15	7,377	2,009	2	498	173
New Jersey	50	75,217	17,808	33	55,061	13,177	14	19,610	4,425	3	546	206
New Mexico	41	20,795	6,983	22	13,959	4,687	14	5,522	1,728	5	1,314	568
New York	128	191,516	42,387	92	110,268	28,649	28	70,513	10,194	8	10,735	3,545
North Carolina	257	100,802	37,473	202	72,956	26,107	46	27,045	10,965	9	802	401
North Dakota	31	13,545	4,582	18	6,394	2,139	13	7,151	2,443	-	-	-
Ohio	99	141,133	35,164	68	95,579	24,742	23	35,681	7,270	8	9,872	3,152
Oklahoma	118	54,586	21,435	93	40,085	16,925	10	6,094	1,738	15	8,407	2,772
Oregon	51	33,310	8,804	30	21,923	5,649	16	8,703	2,238	5	2,684	917
Pennsylvania	119	177,478	50,163	66	94,014	32,801	46	70,928	14,708	7	12,536	2,654
Rhode Island	19	25,601	4,077	12	19,217	3,040	7	6,385	1,037	-	-	-
South Carolina	145	49,388	23,402	114	35,586	17,313	23	11,717	5,153	8	2,085	936
South Dakota	31	13,293	4,709	20	7,656	2,610	11	5,637	2,098	-	-	-
Tennessee	119	85,152	32,072	77	60,973	22,253	26	13,803	5,829	16	10,375	3,991
Texas	167	161,190	58,474	126	122,913	42,172	31	30,033	12,445	10	8,244	3,858
Utah	22	13,164	5,490	16	8,548	3,430	6	4,616	2,060	-	-	-
Vermont	16	11,945	3,837	7	5,735	1,776	9	6,210	2,062	-	-	-
Virginia	95	79,550	27,973	55	48,314	17,932	32	21,295	8,301	8	9,941	1,740
Washington	49	55,104	11,222	36	35,857	6,666	11	18,653	4,356	2	595	200
West Virginia	42	52,311	16,226	24	20,173	9,681	16	31,031	5,870	2	1,108	676
Wisconsin	84	66,437	21,143	47	38,187	12,356	25	18,745	6,600	12	9,505	2,187
Wyoming	19	7,622	2,571	12	5,215	1,661	6	2,323	889	1	84	20
Alaska	10	4,341	1,496	7	4,013	1,332	3	328	164	-	-	-
Hawaii	11	10,577	3,376	7	7,330	2,306	2	3,153	1,023	2	94	47
Puerto Rico	41	41,694	24,356	24	27,892	15,624	16	13,576	8,582	1	225	150
Virgin Islands	2	30	18	2	30	18	-	-	-	-	-	-

Table 2 C - HOSPITAL PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	3,325	$2,857,106	$898,125	2,449	$1,890,586	$633,529	670	$767,259	$202,887	206	$199,261	$61,709
Alabama	94	61,675	34,075	63	45,469	24,027	20	10,722	6,497	11	5,485	3,550
Arizona	23	18,126	5,844	17	13,987	4,200	4	2,965	1,176	2	1,174	467
Arkansas	49	46,647	23,380	36	37,972	17,665	12	4,175	2,757	1	4,500	2,958
California	121	141,522	34,851	83	91,362	22,472	26	30,243	6,595	12	19,916	5,785
Colorado	29	26,129	7,591	19	12,001	4,392	10	14,128	3,198	-	-	-
Connecticut	33	43,877	5,871	22	27,926	3,915	11	15,951	1,956	-	-	-
Delaware	6	6,789	1,875	5	5,204	1,400	1	1,585	475	-	-	-
Dist. of Col.	8	12,416	2,412	7	8,902	1,962	1	3,513	450	-	-	-
Florida	87	62,623	21,037	61	41,365	14,980	15	13,220	3,518	11	8,037	2,539
Georgia	206	85,100	32,600	168	62,222	25,083	25	17,158	5,610	13	5,721	1,907
Idaho	25	13,689	3,557	23	11,889	2,896	2	1,800	661	-	-	-
Illinois	77	123,000	31,763	49	63,106	19,894	19	43,866	7,447	9	16,028	4,422
Indiana	55	63,795	21,778	44	44,402	16,383	10	18,368	5,053	1	1,026	342
Iowa	69	56,364	16,441	43	31,278	9,493	20	16,171	4,770	6	8,914	2,179
Kansas	51	44,425	12,406	36	24,584	8,493	9	14,839	2,885	6	5,002	1,028
Kentucky	120	72,994	29,461	95	43,121	21,997	24	29,823	7,439	1	50	25
Louisiana	102	68,449	25,337	78	47,796	17,038	17	16,766	6,283	7	3,887	2,017
Maine	21	14,276	6,586	11	7,415	3,667	9	5,515	2,318	1	1,346	600
Maryland	49	70,039	11,186	33	26,415	6,677	12	27,148	3,192	4	16,476	1,317
Massachusetts	87	109,713	19,948	57	71,447	13,406	25	31,747	5,292	5	6,519	1,250
Michigan	84	93,233	27,080	58	59,353	19,821	24	29,117	6,284	2	4,763	975
Minnesota	71	64,593	20,212	50	48,607	14,783	15	13,696	4,398	6	2,290	1,031
Mississippi	112	50,527	27,591	94	37,960	20,088	12	7,463	4,146	6	5,105	3,357
Missouri	51	62,214	22,361	25	33,507	13,772	24	28,006	8,239	2	702	351
Montana	26	8,393	2,265	20	6,360	1,771	6	2,032	494	-	-	-

Table 2 C - Continued - HOSPITAL PROJECTS - Number, Total Cost, and Federal Share,

Table 2 C - Continued - HOSPITAL PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Nebraska	51	27,206	7,688	44	23,676	6,547	7	3,530	1,142	-	-	-
Nevada	12	4,748	1,647	10	3,151	1,248	2	1,597	399	-	-	-
New Hampshire	14	12,180	3,622	9	7,232	2,287	4	4,495	1,184	1	453	151
New Jersey	39	71,330	16,904	31	54,429	13,058	7	16,777	3,797	1	125	50
New Mexico	30	17,851	5,856	21	13,846	4,631	7	3,365	925	2	640	300
New York	115	177,117	39,858	91	109,852	28,513	16	56,530	7,800	8	10,735	3,545
North Carolina	251	97,981	36,066	201	72,887	26,072	41	24,293	9,593	9	802	401
North Dakota	26	11,475	3,729	18	6,394	2,139	8	5,081	1,590	-	-	-
Ohio	93	134,982	33,636	68	95,579	24,742	18	29,961	5,886	7	9,442	3,008
Oklahoma	106	51,780	20,350	87	38,682	16,442	7	5,273	1,425	12	7,824	2,483
Oregon	45	30,926	8,086	29	21,706	5,578	12	6,671	1,658	4	2,549	849
Pennsylvania	104	164,694	48,175	66	94,014	32,801	32	58,604	12,873	6	12,076	2,500
Rhode Island	15	22,282	3,460	12	19,217	3,040	3	3,065	420	-	-	-
South Carolina	133	47,259	22,407	113	35,520	17,280	15	10,344	4,486	5	1,394	641
South Dakota	25	11,348	3,781	18	6,879	2,222	7	4,468	1,559	-	-	-
Tennessee	108	81,618	30,455	74	60,299	21,957	20	11,295	4,689	14	10,025	3,809
Texas	155	156,247	56,227	125	122,795	42,113	20	25,208	10,256	10	8,244	3,858
Utah	19	11,623	4,724	15	8,453	3,383	4	3,170	1,340	-	-	-
Vermont	10	10,005	3,072	7	5,735	1,776	3	4,270	1,296	-	-	-
Virginia	88	74,030	26,216	55	48,314	17,932	27	18,329	7,175	6	7,386	1,109
Washington	46	51,458	9,810	36	35,857	6,666	9	15,062	2,966	1	539	178
West Virginia	39	47,640	15,596	24	20,173	9,681	13	26,360	5,240	2	1,108	676
Wisconsin	71	61,901	19,942	47	38,187	12,355	15	14,914	5,603	9	8,800	1,984
Wyoming	15	6,203	1,865	12	5,215	1,661	2	904	184	1	84	20
Alaska	10	4,341	1,496	7	4,013	1,332	3	328	164	-	-	-
Hawaii	9	8,276	2,726	6	6,909	2,156	1	1,273	523	2	94	47
Puerto Rico	38	39,967	23,205	24	27,892	15,624	14	12,075	7,581	-	-	-
Virgin Islands	2	30	18	2	30	18	-	-	-	-	-	-

Table 2 G - MEDICAL FACILITY PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Total - United States & Territories	400	$216,446	$59,403	47	$13,903	$4,654	302	$182,895	$48,881	51	$19,648	$5,868
Alabama	12	3,572	2,196	-	-	-	9	2,826	1,720	3	746	476
Arizona	9	1,801	889	3	688	338	4	759	375	2	355	176
Arkansas	6	2,983	1,272	-	-	-	5	2,731	1,104	1	252	168
California	20	11,887	2,793	3	1,402	289	10	6,790	1,677	7	3,695	827
Colorado	8	1,570	612	2	307	119	6	1,264	493	-	-	-
Connecticut	11	3,953	787	5	1,312	428	6	2,641	358	-	-	-
Delaware	2	1,854	650	-	-	-	2	1,854	650	-	-	-
Dist. of Col.	3	3,899	525	-	-	-	3	3,899	525	-	-	-
Florida	12	11,861	1,569	2	1,016	406	8	10,271	977	2	574	186
Georgia	10	4,940	1,812	2	344	171	8	4,596	1,640	-	-	-
Idaho	5	1,247	617	1	287	141	4	960	476	-	-	-
Illinois	14	10,835	1,944	-	-	-	10	7,704	1,507	4	3,131	437
Indiana	12	6,326	1,078	1	794	38	9	4,453	843	2	1,078	197
Iowa	4	3,877	943	-	-	-	3	3,665	872	1	213	71
Kansas	6	2,498	864	-	-	-	6	2,498	864	-	-	-
Kentucky	6	6,040	1,425	-	-	-	6	6,040	1,425	-	-	-
Louisiana	7	1,990	977	-	-	-	6	1,853	903	1	137	74
Maine	4	3,917	519	-	-	-	4	3,917	519	-	-	-
Maryland	6	5,744	1,382	-	-	-	5	4,932	1,111	1	812	271
Massachusetts	9	5,716	1,059	1	674	75	8	5,042	984	-	-	-
Michigan	10	5,495	1,349	-	-	-	10	5,495	1,349	-	-	-
Minnesota	6	5,605	1,173	-	-	-	5	4,669	943	1	936	229
Mississippi	5	1,349	895	-	-	-	4	1,265	839	1	84	56
Missouri	8	4,569	1,117	-	-	-	7	4,263	1,001	1	306	116
Montana	7	1,767	687	1	538	203	6	1,229	484	-	-	-

Table 2 G Continued - MEDICAL FACILITY PROJECTS - Number, Total Cost, and Federal Share,

Table 2 G Continued - MEDICAL FACILITY PROJECTS - Number, Total Cost, and Federal Share, by State and Status of Construction, December 31, 1957
(Funds in Thousands of Dollars)

Area	All Projects			Projects in Operation			Projects Under Const.			Projects Init. Approved		
	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share	No.	Total Cost	Federal Share
Nebraska	6	2,789	987	2	845	231	4	1,944	755	-	-	-
Nevada	3	1,323	511	-	-	-	3	1,323	511	-	-	-
New Hampshire	15	3,621	1,191	3	695	343	11	2,882	826	1	45	23
New Jersey	11	3,887	904	2	632	119	7	2,834	629	2	421	156
New Mexico	11	2,944	1,127	1	113	56	7	2,157	803	3	674	268
New York	13	14,399	2,530	1	416	136	12	13,983	2,394	-	-	-
North Carolina	6	2,821	1,407	1	69	35	5	2,752	1,373	-	-	-
North Dakota	5	2,070	853	-	-	-	5	2,070	853	-	-	-
Ohio	6	6,151	1,528	-	-	-	5	5,721	1,384	1	430	143
Oklahoma	12	2,806	1,085	6	1,403	483	3	821	313	3	582	289
Oregon	6	2,384	718	1	217	70	4	2,031	580	1	135	68
Pennsylvania	15	12,784	1,988	-	-	-	14	12,324	1,835	1	460	153
Rhode Island	4	3,319	617	-	-	-	4	3,319	617	-	-	-
South Carolina	12	2,130	995	1	66	33	8	1,373	667	3	691	295
South Dakota	6	1,946	928	2	777	388	4	1,168	540	-	-	-
Tennessee	11	3,534	1,617	3	674	296	6	2,508	1,139	2	351	183
Texas	12	4,943	2,247	1	118	59	11	4,825	2,189	-	-	-
Utah	3	1,541	766	1	95	47	2	1,446	720	-	-	-
Vermont	6	1,940	765	-	-	-	6	1,940	765	-	-	-
Virginia	7	5,520	1,757	-	-	-	5	2,965	1,126	2	2,555	631
Washington	3	3,647	1,412	-	-	-	2	3,591	1,390	1	55	22
West Virginia	3	4,671	630	-	-	-	3	4,671	630	-	-	-
Wisconsin	13	4,535	1,200	-	-	-	10	3,831	997	3	705	203
Wyoming	4	1,419	705	-	-	-	4	1,419	705	-	-	-
Hawaii	2	2,301	650	1	421	150	1	1,880	500	-	-	-
Puerto Rico	3	1,726	1,151	-	-	-	2	1,501	1,001	1	225	150

Table 3 C - Additions of Hospital Beds and Public Health Centers, by State and Territory, by Status of Construction, December 31, 1957

Area	Hospital Beds Added				Public Health Centers Added			
	Total	In Operation	Under Construction	Initially Approved	Total	In Operation	Under Construction	Initially Approved
Total - United States & Territories	152,728	110,902	31,803	10,023	755	575	131	49
Alabama	3,838	2,777	717	344	33	21	8	4
Arizona	1,155	914	179	62	-	-	-	-
Arkansas	3,265	2,721	294	250	3	1	2	-
California	6,974	4,630	1,358	986	29	17	11	1
Colorado	1,274	747	527	-	9	7	2	-
Connecticut	1,308	701	607	-	3	2	1	-
Delaware	674	499	175	-	-	-	-	-
Dist. of Col.	242	202	40	-	-	-	-	-
Florida	4,251	3,294	454	503	29	15	8	6
Georgia	4,713	3,611	905	197	102	87	8	7
Idaho	932	852	80	-	5	5	-	-
Illinois	5,362	3,438	1,150	774	5	4	1	-
Indiana	3,047	2,266	723	58	3	3	-	-
Iowa	3,477	2,092	998	387	-	-	-	-
Kansas	2,051	1,501	357	193	2	2	-	-
Kentucky	4,419	3,046	1,373	-	45	34	10	1
Louisiana	3,804	2,602	992	210	54	42	7	5
Maine	892	456	362	74	-	-	-	-
Maryland	2,169	1,248	469	452	15	12	3	-
Massachusetts	4,547	2,751	1,306	490	4	2	2	-
Michigan	4,243	3,063	920	260	9	4	5	-
Minnesota	2,847	2,161	569	117	4	2	2	-
Mississippi	3,849	3,132	372	345	49	46	3	-
Missouri	3,224	1,755	1,373	96	2	1	1	-
Montana	541	495	46	-	1	-	1	-

Table 3 C Continued - Additions of Hospital Beds and Public Health Centers, by State and Territory, by Status of Construction,

Table 3 C Continued - Additions of Hospital Beds and Public Health Centers, by State and Territory, by Status of Construction, December 31, 1957

Area	Hospital Beds Added				Public Health Centers Added			
	Total	In Operation	Under Construction	Initially Approved	Total	In Operation	Under Construction	Initially Approved
Nebraska	1,185	1,046	139	-	-	-	-	-
Nevada	479	317	162	-	-	-	-	-
New Hampshire	509	299	188	22	-	-	-	-
New Jersey	4,452	3,337	1,115	-	2	1	-	1
New Mexico	1,099	954	120	25	4	1	2	1
New York	7,668	5,659	1,375	634	5	4	-	1
North Carolina	6,563	5,204	1,316	43	80	67	9	4
North Dakota	686	518	168	-	-	-	-	-
Ohio	7,031	5,209	1,412	410	15	15	-	-
Oklahoma	4,475	3,828	277	370	26	19	4	3
Oregon	2,017	1,523	307	187	4	2	2	-
Pennsylvania	6,837	4,384	2,137	316	1	-	-	1
Rhode Island	629	536	93	-	-	-	-	-
South Carolina	3,123	2,415	674	34	74	68	3	3
South Dakota	652	470	182	-	1	1	-	-
Tennessee	4,657	3,270	720	667	47	32	8	7
Texas	10,221	8,642	1,049	530	12	9	3	-
Utah	464	350	114	-	3	2	1	-
Vermont	563	335	228	-	1	1	-	-
Virginia	3,893	2,540	936	417	36	24	10	2
Washington	1,722	1,338	366	18	6	5	1	-
West Virginia	2,307	1,507	730	70	4	2	2	-
Wisconsin	3,000	1,995	523	482	1	1	-	-
Wyoming	447	402	45	-	-	-	-	-
Alaska	130	130	-	-	3	-	3	-
Hawaii	564	504	60	-	3	1	-	2
Puerto Rico	4,257	3,236	1,021	-	21	13	8	-
Virgin Islands	-	-	-	-	-	-	-	-

Table 3 G - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Chronic Hospitals - Beds Added				Nursing Homes - Beds Added			
	Total Beds	In Operation	Under Construction	Initially Approved	Total Beds	In Operation	Under Construction	Initially Approved
Total - United States & Territories	3,930	85	3,420	425	4,542	740	3,115	687
Alabama	120	-	100	20	114	-	54	60
Arizona	36	10	26	-	122	53	30	39
Arkansas	76	-	76	-	109	-	79	30
California	291	-	241	50	269	132	26	111
Colorado	-	-	-	-	25	15	10	-
Connecticut	-	-	-	-	50	50	-	-
Delaware	195	-	195	-	-	-	-	-
Florida	121	-	121	-	71	-	36	35
Georgia	51	-	51	-	46	46	-	-
Idaho	37	-	37	-	111	47	64	-
Illinois	167	-	128	39	104	-	104	-
Indiana	195	45	120	30	173	-	123	50
Iowa	120	-	120	-	28	-	28	-
Kansas	124	-	124	-	-	-	-	-
Kentucky	50	-	50	-	147	-	147	-
Louisiana	52	-	40	12	20	-	20	-
Maine	34	-	34	-	-	-	-	-
Maryland	180	-	180	-	144	-	144	-
Massachusetts	-	-	-	-	21	-	21	-
Michigan	126	-	126	-	136	-	136	-
Minnesota	44	-	44	-	188	-	80	108
Mississippi	100	-	100	-	-	-	-	-
Missouri	100	-	50	50	64	-	64	-
Montana	13	-	13	-	130	70	60	-
Nebraska	-	-	-	-	72	32	40	-

Table 3 G Continued - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Chronic Hospitals - Beds Added				Nursing Homes - Beds Added			
	Total Beds	In Operation	Under Construction	Initially Approved	Total Beds	In Operation	Under Construction	Initially Approved
New Hampshire	-	-	-	-	130	24	106	-
New Jersey	30	-	30	-	190	24	166	-
New Mexico	134	10	96	28	-	-	-	-
New York	357	-	357	-	605	69	536	-
North Carolina	160	-	160	-	-	-	-	-
North Dakota	-	-	-	-	221	-	221	-
Ohio	-	-	-	-	191	-	191	-
Oklahoma	94	20	40	34	89	23	34	32
Oregon	-	-	-	-	134	-	116	18
Pennsylvania	146	-	100	46	164	-	164	-
Rhode Island	32	-	32	-	-	-	-	-
South Carolina	71	-	59	12	95	-	20	75
South Dakota	-	-	-	-	188	98	90	-
Tennessee	60	-	60	-	81	30	24	27
Texas	54	-	54	-	16	-	16	-
Utah	80	-	80	-	27	27	-	-
Vermont	-	-	-	-	70	-	70	-
Virginia	148	-	44	104	-	-	-	-
Washington	-	-	-	-	49	-	-	49
West Virginia	143	-	143	-	-	-	-	-
Wisconsin	74	-	74	-	130	-	77	53
Wyoming	15	-	15	-	18	-	18	-
Puerto Rico	100	-	100	-	-	-	-	-

Table 3 G Continued - Additions of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Rehabilitation Facilities - Units Added				Diagnostic or Treatment Centers - Units Added			
	Total Units	In Operation	Under Construction	Initially Approved	Total Units	In Operation	Under Construction	Initially Approved
Total - United States & Territories	66	7	56	3	153	17	118	18
Alabama	2	-	2	-	2	-	2	-
Arizona	1	1	-	-	1	-	1	-
Arkansas	1	-	1	-	1	-	1	-
California	3	-	2	1	5	-	4	1
Colorado	2	1	1	-	4	-	4	-
Connecticut	1	1	-	-	7	3	4	-
Delaware	-	-	-	-	1	-	1	-
Dist. of Columbia	2	-	2	-	1	-	1	-
Florida	4	1	3	-	3	1	1	1
Georgia	2	1	1	-	5	-	5	-
Idaho	1	-	1	-	-	-	-	-
Illinois	2	-	1	1	6	-	4	2
Indiana	2	-	2	-	1	-	1	-
Iowa	1	-	1	-	1	-	-	1
Kansas	2	-	2	-	2	-	2	-
Kentucky	1	-	1	-	2	-	2	-
Louisiana	2	-	2	-	2	-	2	-
Maine	-	-	-	-	3	-	3	-
Maryland	1	-	1	-	2	-	1	1
Massachusetts	1	-	1	-	6	1	5	-
Michigan	1	-	1	-	5	-	5	-
Minnesota	1	-	1	-	2	-	2	-
Mississippi	-	-	-	-	4	-	3	1
Missouri	2	-	2	-	2	-	2	-
Montana	1	-	1	-	1	-	1	-

Table 3 G Continued - Addition of Medical Facility Projects,

Table 3 G Continued - Addition of Medical Facility Projects, by State and Territory, by Type and Status of Construction, December 31, 1957

Area	Rehabilitation Facilities - Units Added				Diagnostic or Treatment Centers - Units Added			
	Total Units	In Operation	Under Construction	Initially Approved	Total Units	In Operation	Under Construction	Initially Approved
Nebraska	1	-	1	-	3	1	2	-
Nevada	-	-	-	-	3	-	3	-
New Hampshire	1	-	1	-	10	2	7	1
New Jersey	1	-	1	-	7	1	4	2
New Mexico	2	-	1	1	4	-	3	1
New York	2	-	2	-	1	-	1	-
North Carolina	1	-	1	-	3	1	2	-
North Dakota	1	-	1	-	1	-	1	-
Ohio	1	-	1	-	2	-	1	1
Oklahoma	1	1	-	-	4	2	1	1
Oregon	-	-	-	-	3	1	2	-
Pennsylvania	2	-	2	-	8	-	8	-
Rhode Island	1	-	1	-	2	-	2	-
South Carolina	-	-	-	-	6	1	4	1
South Dakota	1	-	1	-	-	-	-	-
Tennessee	1	-	1	-	6	2	3	1
Texas	2	-	2	-	7	1	6	-
Utah	1	-	1	-	-	-	-	-
Vermont	1	-	1	-	3	-	3	-
Virginia	2	-	2	-	3	-	2	1
Washington	1	-	1	-	1	-	1	-
West Virginia	1	-	1	-	1	-	1	-
Wisconsin	3	-	3	-	3	-	2	1
Wyoming	1	-	1	-	1	-	1	-
Hawaii	1	1	-	-	1	-	1	-
Puerto Rico	1	-	1	-	1	-	-	1

APPENDIX C

(MATERIAL SUBMITTED BY GENERAL PUBLIC)

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,
DEPARTMENT OF SURGERY,
Philadelphia, Pa., June 10, 1957.

Congressman OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN HARRIS: I have just had the opportunity of reading H. R. 7841, a bill introduced in the House of Representatives last week by Congressman John E. Fogarty, of Rhode Island. This bill is of the greatest importance to the future of medical training in this country, and will be equally helpful to dental schools and schools of public health.

Legislation of the type provided in the bill is sorely needed. The physical plants of the medical schools of most of our schools are very inadequate, and, with the Federal Government paying at least a half of the cost of building new facilities, we shall be able to take a long step toward the solution of a very vexing problem. I do hope you will give your complete support to this bill.

Very sincerely,

I. S. RAVDIN, M. D.

MAY 23, 1958.

Dr. LEROY BURNEY,
Surgeon General, United States Public Health Service,
Department of Health, Education, and Welfare,
Washington, D. C.

DEAR DR. BURNEY: From a recent report (Washington News, J. A. M. A., vol. 167, No. 3, p. 26, May 10, 1958), I have learned that in testifying before the Health and Science Subcommittee, House Interstate Commerce Committee, holding hearings on bills providing for matching grants for expansion of teaching and training facilities in medical and dental schools, you opposed the inclusion in the bills of schools of podiatry on the grounds that higher priority needs were for school of medicine.

We would appreciate it very much if you could advise us upon what information and facts the determination of higher priority for medicine was made. To the best of our knowledge, this office, nor any of our officers, nor officials of our schools, nor our council on education were asked to supply data on this question.

Attached is a copy of the statement made by myself on behalf of our association and professional schools at the hearing. In it, you will note that none of our schools are supported by any public funds. In view of this, and because the fewer than 8,000 chiropodists-podiatrists are only a small fraction of the number required to provide adequate foot-health care and service for the Nation, it would seem to us that our schools would rate the highest priority. It should also be pointed out that our schools would be receiving only a very small portion of the total funds made available for matching grants under this legislation.

In order that the subcommittee may have our thoughts on your "priority" contention, a copy of this letter is being sent to Congressman John Bell Williams.

Sincerely,

A. RUBIN, D. S. C., *Secretary.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE,
Washington, D. C., June 3, 1958.

Dr. ABE RUBIN,
American Podiatry Association,
Washington, D. C.

DEAR DR. RUBIN: I have your letter of May 23 regarding the omission of schools of podiatry from the recommended legislation to expand the present research construction grant program to include assistance for the construction of teaching facilities for schools of medicine, osteopathy, dentistry, and public health.

I regret that there seems to be some misunderstanding of the priority concept as used in developing our legislative recommendations. There are many allied health callings which, like the profession of podiatry or chiropody, make im-

portant contributions to the Nation's health team. While we recognize their great importance to both preventive and curative health care, there are two principal reasons why none of the schools which train people for these allied professions has been included in the proposed construction aid program. First, in order to avoid appropriation authorizations of undue size and yet achieve maximum effectiveness, the program now proposed has been directed toward only those professions which contribute the broadest basic proficiency in health matters. This is important from the point of view of our requirements for health-research scientists and for the administration of basic public-health programs, as well as from the point of view of training future health workers and the provision of needed services.

Second, the basic categories of training institutions which have been included are also, in the main, those in which the instructional cost per student is exceptionally high as compared to other fields of higher education or other categories of professional training.

I trust that this explanation of our position will reassure you concerning our reasons for recommending the omission from this proposed legislation of schools of podiatry—as well as other institutions which train for these relatively limited fields of health service.

Sincerely yours,

JOHN D. PORTERFIELD,
Acting Surgeon General.

JUNE 10, 1958.

Dr. JOHN D. PORTERFIELD,
Acting Surgeon General, Public Health Service,
Department of Health, Education, and Welfare,
Washington, D. C.

DEAR DR. PORTERFIELD: Thank you very much for your letter of June 3, in which you outline the priority concept used by the Department of Health, Education, and Welfare, Public Health Service, in developing legislative recommendations.

The Honorable John Bell Williams has asked me if I would supply him with a copy of your reply to my letter of May 23, 1958, addressed to the Surgeon General of the United States Public Health Service. He wishes this for the records of the subcommittee which held hearings on the bills providing for the expansion of teaching and training faciilties in medical and dental schools. I am, therefore, taking the liberty of sending him a copy of your letter, and a copy of this letter.

I should like to point out that, by your definition, our schools would fall within your higher priority concept. First of all, that portion of the appropriation that would, or could be, earmarked for our schools would be relatively small compared to the overall appropriation being considered. I should also like to point out that our schools (whose accrediting agency is recognized by the Office of Education of the Department of Health, Education, and Welfare) do provide the same broad "basic proficiency in health matters" as do schools of medicine, osteopathy, dentistry, and public health. The same basic sciences are taught in our schools as are taught in these schools. Certainly, a similar amount of knowledge of medical science is necessary for the adequate training of people to care for the human foot as is required of people trained to care for the teeth, and perhaps, more.

Secondly, I think a closer study would show that the instruction cost per student in our schools approaches that of the training institutions which the Department of Health, Education, and Welfare recommends for matching grants. As a point of fact, the cost in our schools would be considerably higher if we were to calculate into the cost an appropriate salary for instructional hours now being provided to schools gratis by members of the profession. It would seem to me that this second part of your concept tends to be punitive toward institutions that are keeping costs down.

Thank you again for your explanation. I hope these few words of mine will erase any apprehension the Department might have should the subcommittee, the full committee, and the Congress provide for the inclusion of podiatry-chiropody schools in the proposed legislation.

Sincerely,

A. RUBIN, D. S. C., *Secretary.*

28728—58——30

MINNEAPOLIS, MINN., *April 28, 1958.*

JOHN BELL WILLIAMS,
Chairman, Committee on Interstate and Foreign Commerce,
United States House of Representatives, Washington, D. C.:

Urge favorable consideration of H. R. 7841 with addition of appropriate provisions for support of graduate programs in nursing as recommended by American Nurses Association.

KATHRYN J. DENSFORD,
Director, School of Nursing,
University of Minnesota.

NEW YORK STATE NURSES ASSOCIATION,
Albany, N. Y., April 24, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
House Committee on Interstate and Foreign Commerce,
Washington, D. C.

DEAR MR. WILLIAMS: The New York State Nurses Association urges your sympathetic consideration of the recommendation contained in a statement made by Miss Julia Thompson, Washington representative of the American Nurses Association, before the Subcommittee on Health and Science of the House Committee on Interstate and Foreign Commerce in regard to H. R. 7841 (Fogarty).

We know from actual experience in New York State that we are sadly in need of expanded educational facilities for advanced study in nursing, particularly in view of the projected increase in demand for nursing services.

I feel that we need not repeat what Miss Thompson has made so abundantly clear in her testimony. We do, however, ask you again, as constituents of the American Nurses Association, to support this piece of important legislation.

Sincerely,

KATHERINE E. REHDER, R. N.,
Executive Director.

UNIVERSITY OF MINNESOTA,
THE MEDICAL SCHOOL, *Minneapolis*
April 25, 1958.

Hon. JOHN B. WILLIAMS,
Chairman, House Commerce Committee, Health and Science Subcommittee,
House of Representatives, Washington, D. C.

MY DEAR REPRESENTATIVE WILLIAMS: The financial plight of the Nations' medical schools is, I am sure, well known to you. Costs of medical education are rising at a rate more rapid than that of the cost of living. It is generally agreed that simply to maintain current standards of medical care we will have to graduate annually a much larger number of physicians by 1970 than we do now. This will require new facilities and remodeling of old facilities, and plans for these facilities must be begun now since there is a very long lag period between conception of plans for a medical school and graduation of the first class of M. D.'s.

As an example of the magnitude of the need, I cite our situation here at the University of Minnesota Medical School. We are currently making plans to increase the size of our classes in Medical School from a basic 125 to 150. The class which enters in September 1959 will be of the latter size, and thus by 1963 our entire student body will have been increased by 20 percent. The Minnesota State Legislature has really been quite generous in providing funds for the enlargement of basic science facilities to accommodate this increase. Yet to provide facilities which we consider adequate to teach these enlarged classes, we estimate an additional need for approximately $2 million for further construction during the next 5 years, and it appears most unlikely that our legislature will be able to provide this amount. The Nation over, the need for funds for construction of facilities for medical education exceeds $200 million.

I should like to point out, too, that research and teaching facilities are equally urgent needs, because in medical education teaching and research are so intimately related that they cannot be regarded as separate functions.

Members of the administrative committee of the College of Medical Sciences of the University of Minnesota, meeting on April 24, 1958, expressed the unanimous hope that legislation will be passed during the current year which will

provide funds in support of construction of medical teaching and research facilities, and they directed me to write you urging your support of such legislation. We understand that the following three bills bear on this subject: H. R. 6874 (Harris, Arkansas); H. R. 6875 (Wolverton, New Jersey); and H. R. 7841 (Fogarty, Rhode Island). Being unfamiliar with the precise details of these bills, we are unable to express a preference for one over the others.

We do, then, urge your favorable consideration of this most important matter. With thanks, I am

Sincerely yours,

ROBERT B. HOWARD, M. D., *Associate Dean.*

AMERICAN COUNCIL ON EDUCATION,
Washington, D. C., March 24, 1958.

Hon. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN HARRIS: The committee on relationships of higher education to the Federal Government of the American Council on Education on March 18 received a report from the Association of American Medical Colleges in support of a continuation of the Federal program of matching grants to medical and dental schools for construction of research facilities, and also in support of legislation authorizing grants for medical and dental teaching facilities.

It was pointed out that, in accordance with a recommendation by President Eisenhower transmitted to Congress on April 10, 1957, bills embodying the proposals were subsequently introduced in both the Senate (S. 1917) and the House (H. R. 6874 and H. R. 6875), though no action was taken in 1957, and the bills are still before Congress. The President in his 1959 budget message again recommended support of this legislation.

The council's committee, being aware that there is a serious and continuing need for Federal support of programs to improve and expand medical and dental facilities for both research and teaching, voted unanimously to approve the bills designed for this purpose, including S. 1917 which is now under consideration by the Senate Committee on Labor and Public Welfare.

I am authorized to submit this statement of the action of the council's committee with the request that it be made a part of the record of any hearings that may be held on this legislation.

Sincerely yours,

ARTHUR S. ADAMS.

ST. JOHN'S UNIVERSITY,
DEPARTMENT OF NURSING EDUCATION,
Brooklyn, N. Y., April 22, 1958.

Mr. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D. C.

DEAR MR. WILLIAMS: The faculty and student body of the department of nursing education, St. John's University, New York, wish to express their strong support of the action of the American Nurses Association on H. R. 7841, to authorize a 5-year program of grants for construction of medical, dental, and public health educational and research facilities, and for other purposes.

Sincerely,

(Mrs.) MARY E. REAP,
Administrative Chairman,
Department of Nursing Education.

AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION,
Chicago, Ill., May 1, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee, Committee on Interstate and Foreign Commerce, House Office Building, Washington, D. C.

DEAR CONGRESSMAN WILLIAMS: The members of the American Congress of Physical Medicine and Rehabilitation are deeply concerned with any measures which will promote the health and welfare of the people of this country. An

important contribution in this regard was the progressive legislation passed by the 85th Congress providing grants for the construction of facilities to conduct research into the causes of and possible cures for crippling and killing diseases. In addition to the need for medical research, there is an equally great need for more well-trained personnel in medicine, dentistry, nursing, medical technology, physical therapy, occupational therapy, medical social work, and other health fields. In order to meet the ever-increasing demand for such personnel one of the fundamental requirements is the improvement and expansion of the medical educational facilities of this country.

The American Congress of Physical Medicine and Rehabilitation wishes to express its support of H. R. 6874 and H. R. 6875 introduced by Representatives Harris and Wolverton. The Harris and Wolverton bills' provisions for 5-year grants to assist in the construction of medical and dental educational and research facilities would provide another progressive contribution by the Congress for improving the health and welfare of the people. Consequently, the American Congress of Physical Medicine and Rehabilitation urges your committee to act favorably on this important legislation.

Sincerely,

GLENN GULLICKSON, Jr., M. D.,
Chairman, Committee on Legislation.

ILLINOIS COLLEGE OF CHIROPODY AND FOOT SURGERY,
Chicago, Ill., April 22, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee, House Commerce Committee, House Office Building, Washington, D. C.

DEAR SIR: I am dean of the Illinois College of Chiropody and Foot Surgery in Chicago and president of the American Association of Chiropody-Podiatry Colleges. The purpose of this writing is to indicate why we feel that our schools should be included in bills providing for means of expansion of research and teaching facilities in medical and dental schools. I refer specifically to the following bills: H. R. 6874, H. R. 6875, and H. R. 7841. I am presenting this information as president of the American Association of Chiropody-Podiatry Colleges.

The profession of chiropody-podiatry has developed because of the demand for the care of the human foot. It does not have the history of having gone through a cult stage. Even though the profession functioned on more or less a superficial basis in its early history, it has always been considered a legitimate branch of the healing arts.

Whereas 40 years ago the chiropodist-podiatrist offered primarily a palliative service, the profession has developed to the point where medical and surgical care is now provided. The official definition of the profession as adopted by the house of delegates of the American Podiatry Association reads, "Chiropody-Podiatry is that specialty of medical practice which includes the diagnosis and/or medical, surgical, mechanical, physical, and adjunctive treatment of the diseases, injuries, and defects of the human foot."

We feel that the service of the chiropodist-podiatrist contributes much to the health and welfare of the Nation. About 80 percent of the population suffers from foot disabilities at a given time, and over the period of a lifetime almost 100 percent requires attention. Certain occupations require feet with 100 percent functional ability. Some industries provide chiropodical services for their employees. Defense services have provided billets for commissioned chiropodists.

The care of children's feet presents a vital problem. More research is required in the prophylactic care of children's feet as well as in the rehabilitation of children who suffer from crippling diseases. The aged also present a problem which is well recognized by both our State and Federal Governments. It is well known that aging can frequently be postponed by the maintenance of adequate locomotion.

Chiropody-podiatry is a profession as highly specialized as is dentistry in the field of health service. Chiropodists-podiatrists are licensed in all of the States and the District of Columbia to diagnose and treat the human foot.

Currently there are about 8,000 chiropodists-podiatrists practicing in the United States. There are six colleges of chiropody-podiatry located as follows:

California College of Chiropody, San Francisco, Calif.
Chicago College of Chiropody and Pedic Surgery, Chicago, Ill.
Illinois College of Chiropody and Foot Surgery, Chicago, Ill.
New York College of Podiatry, New York, N. Y.
Ohio College of Chiropody, Cleveland, Ohio.
Temple University, School of Chiropody, Philadelphia, Pa.

The present enrollment in all colleges of chiropody-podiatry at the present time is about 635. It is anticipated that this enrollment will increase to about 1,000 by 1961. All of the colleges are incorporated not for profit and at least two have been in existence since 1912. The six colleges are accredited by the council on education of the American Podiatry Association. The Educational Directory, part 3, published by the Office of Education of the United States Department of Health, Education, and Welfare, lists the council on education as the accrediting agency and the six schools as institutions of higher education.

All of the colleges have public clinics affiliated with them. Some of these clinics handle as many as 50,000 patient visits per year. During World War II these clinics were classed as essential to public health.

None of the colleges have adequate resources for teaching and research. The primary source of income in all instances is from tuition fees and clinical service. Aside from these sources some support is available from alumni groups. The annual expenses of the colleges range between $50,000 and $150,000 per year. Each of the schools is dependent to a great extent upon free or virtually free faculty services offered by physicians and chiropodists of the community.

On surveying the needs of the six colleges it appears that about $1,520,000 is necessary to expand the physical plants of all schools to the capacity they are capable of filling. About $470,000 is necessary to bring the physical plants up to desired standards currently.

We feel that chiropody-podiatry offers a health service that is essential. Further research regarding the health of the human foot is imperative. The extent and quality of the health service offered by the chiropodist-podiatrist is limited only by lack of funds for teaching and research facilities.

Respectfully submitted.

DONALD V. ANDERSON, B. A., D. Sc.,
President, American Association of Chiropody-Podiatry Colleges.

AMERICAN HOSPITAL ASSOCIATION,
WASHINGTON SERVICE BUREAU,
Washington, D. C., April 23, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D. C.

DEAR CHAIRMAN WILLIAMS: The hospitals of the country are greatly interested in the bills before your committee providing for Federal assistance in the construction of medical-school facilities. We wish to commend you and your committee for your deep concern in the provision of good medical care to the people of the country.

Hospitals are an essential part of the education of physicians. They are the training centers for physicians, particularly following their completion of medical school, through internships, residencies, and various programs of postgraduate medical education. Hospitals provide the vital link between the medical school and the advanced preparation of physicians and, therefore, have a very direct interest both in the number and quality of physicians graduated from the medical schools. Moreover, hospitals as the hub of the practice of medical care are the means through which the advancements of medical science and research are brought to patients.

The costs of medical education are great. In the case of medical schools, the cost is several times greater than the tuition charged. Many schools have assumed heavy financial burdens to educate the physicians of this Nation, and this burden has increased in the past decade. Medical science has opened up new

horizons requiring substantial changes in the character and curriculum requisite to a modern medical education. New fields of knowledge have required new and additional research and laboratory facilities. Because so may of our medical schools are already bearing tremendous financial loads, they are unable to bear the additional costs of providing these new facilities. Today the physical plants of many medical schools are inadequate and outdated, and these schools lack funds to modernize their plants.

The continued increase in our population, the growing proportion of the aged, the constant advances in medical science, and the gradual improvement in the methods of financing health care, are among the factors making for ever-increasing demands on the available supply of physicians. The education of physicians is a matter of national interest and concern. Physicians serve in many agencies of Government, particularly the Armed Forces, the Veterans' Administration, and the Public Health Service. Medical-school students come from every State in the Union and following graduation they start their practice in every State. Therefore, we believe the Federal Government has a direct concern with the needs of medical schools.

We hope, therefore, that this committee and the Congress will take favorable action on legislation authorizing grants for medical-school facilities to assist in providing adequate numbers of well-trained physicians to serve the American people.

Sincerely yours,

KENNETH WILLIAMSON,
Associate Director, American Hospital Association

AMERICAN HOSPITAL ASSOCIATION,
WASHINGTON SERVICE BUREAU,
Washington, D. C., May 29, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN WILLIAMS: The American Hospital Association is vitally interested in the health research facilities program and its extension at this session of Congress for a further 3-year period together with an increase of $90 million in its authorization.

Throughout the Second Annual Report of the Surgeon General of the Public Health Service, summarizing the activities of this program, are stated the kinds of health research facilities that are being helped. The list is most impressive. Not only has this program aided in the construction of new research facilities, but it has also made grants for equipment to institutions which had completed laboratories but lacked equipment. The test in evaluating each application has been whether the research contemplated in the applicant's facility could lead to better health for the American people.

The extent of the need for additional health research facilities throughout the Nation is fully documented in this report. In brief, it reveals that as of mid-January 1958, 364 applications requesting over $147 million have been filed. To this figure, on the basis of letters of intent, may be added 73 potential applicants asking for over $29 million. (See appendixes I and II, Surgeon General's Second Annual Report). Together, these figures total over $176 million, or almost 2 times the present authorization of $90 million. Worthy of note is the added fact that the project sponsors are meeting a far larger share of the total cost than the dollar-for-dollar matching requirement in the law.

The urgency of need is best realized from the speed with which the program got underway. Within 66 days after this program came into being, the first 7 awards were made. In the 15 months following, 96 construction awards were made from 1957 fiscal funds. Of these, as of December 31, 1957, 9 projects had been completed; 20 were three-fourths or more completed; 19 were at least half completed; 18 were at least one-fourth completed; and the remaining 30 were under contract or in an advanced planning stage.

As was evident in the enactment of this legislation, Congress had a real awareness of the Nation's needs for the improvement and expansion of facilities in which to conduct health research. All that was lacking were sufficient funds with which to meet such needs and in part these funds have, through the leadership of Congress, been provided through this program.

The American Hospital Association is deeply concerned lest this Congress adjourn without extending the life of the health research facilities program. As we understand it, efforts to merge this eminently successful program with one to provide grants for the construction of medical and dental teaching facilities seem unsuccessful. We further understand this circumstance has been brought about because of unresolved difficulties concerning the latter. The American Hospital Association has supported a program of Federal grants for medical-school construction. We continue to do so. We believe a desirable and effective program can be worked out.

As far as we know, no controversy exists concerning the health research facilities program. Consequently it would be unfortunate indeed in the best interest of the Nation's great need for health-research facilities to hamper the progress, if not endanger the life of this essential program because of the problems unresolved concerning Federal participation in the construction of medical and dental teaching facilities.

We therefore respectfully urge your subcommittee to take whatever action may be necessary to extend the life and increase the authorization for the health research facilities program in this session.

Sincerely yours,

KENNETH WILLIAMSON,
Associate Director, American Hospital Association.

CHICAGO ILL., *May 7, 1958.*

Hon. JOHN BELL WILLIAMS,
Chairman, Health, Science Subcommittee,
Interstate and Foreign Commerce Committee,
United States House of Representatives, Washington, D. C.:

National Society for Crippled Children and Adults, Inc. executive committee met April 26, approved endorsement of H. R. 11913. Requested that I advise you although too late for committee meeting.

PAUL DIETRICH,
President, National Society for Crippled Children and Adults, Inc.

STATEMENT BY FREDERICK G. KILGOUR, LIBRARIAN, YALE MEDICAL LIBRARY, NEW HAVEN, CONN., FOR THE AMERICAN LIBRARY ASSOCIATION

Mr. Chairman, gentlemen of the committee, my name is Frederick G. Kilgour. I am librarian of the Yale Medical Library and lecturer in the history of science in Yale University. The American Library Association has asked me to present to you its views on the bills now under consideration by your subcommittee to amend the Public Health Service Act to authorize grants for research and teaching facilities for existing and new medical, dental, and public-health schools.

The association is deeply concerned with assuring increasing library contributions to the national welfare and security. Surely our resources in health contribute more to the national security and prosperity than do any other resource. The association believes that these bills will effectively stimulate the equipping and construction of health libraries as a section of health research and teaching facilities. Since the majority of libraries having a function of supplying information to health research programs also supply information for teaching programs, these amending bills will not only provide support and stimulation to teaching activities but will also increase the support of research over and above that made possible by the present Public Health Service Act.

Libraries are a vital and integral part of health research and teaching activities. An investigator must have available to him an effective library so that he can keep abreast of new discoveries and developments in fields of interest to him. In developing a research program, he must also be able to find in a library whether or not something has been tried before, and if it has, whether or not it worked. Needless to say, health libraries used in this way obviate a tremendous amount of unnecessary expenditure of time and money by supplying information that prevents unnecessary duplication of research activities.

Just as a library is an integral part of a research facility so is it essential for a teaching facility. The major function of an educational institution is to impart knowledge imaginatively. A library's principal aim is to make avail-

able to students knowledge that is useful to them. For a medical student, for instance, useful knowledge is that knowledge which will enable him to evolve new knowledge and to increase the effectiveness of the prevention and cure of disease. A health education institution without a library would be an ineffective school indeed.

Education and research cannot be separated into two compartments. The research worker must continue to learn to keep abreast of developments in his field. Similarly many health teaching programs involve research activities. It might be possible to segregate research and educational use of a health library, but it would be ridiculous to do so for many reasons. Not the least of these reasons would be an enormous waste of money to duplicate facilities. One of the reasons that the American Library Association supports these amendments to the Public Health Service Act is that they make possible an efficient library facility which the present act, confined to research facilities, does not allow.

The association, therefore, supports the intent of this present legislation and requests your committee, Mr. Chairman, to make a favorable report on these proposals to amend the Public Health Service Act.

CHEYENNE, WYO., *April 14, 1958.*

JOSEPH C. O'MAHONEY,
United States Senate Building,
Washington, D. C.

DEAR JOE: This past weekend I attended a conference and seminar in Denver, Colo., held by the podiatrists of the Western States.

We were informed that there were three measures pending before Congress, H. R. 7841, H. R. 6874, H. R. 6875, these bills have to do with medical schools and it has been brought to our attention that the podiatry-chiropody professions have been excluded from these measures. We are sure that this is an oversight on the part of those responsible for this legislation.

I am informed that members of the American Podiatry Association will appear at a hearing before the committee considering these three measures and I would like to request that you use your influence to see that the accredited colleges of our profession be included with the medical and dental schools.

It is my understanding that these bills are up for a hearing on April 19. Would you be so kind as to inform me as to the progress of this legislation and anything that you can do in behalf of my profession will be greatly appreciated by the podiatrists of Wyoming.

Thanking you in advance for your kind consideration in this matter as I know how busy you are, but this means a great deal to us, I remain,

Gratefully yours,

LOUIS A. CATELLIER, D. S. C.

NEW YORK, N. Y., *April 21, 1958.*

Hon. JOHN BELL WILLIAMS,
Chairman, Health Science Subcommittee,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D. C.:

We urge your favorable consideration of H. R. 11913 to insure passage of the bill authorizing 3-year extension of research facilities construction program for medical schools. These construction funds are important to the success of our research program.

SYLVIA LAWRY,
Executive Director, National Multiple Sclerosis Society.

CLEVELAND, OHIO, *April 22, 1958.*

Hon. JOHN BELL WILLIAMS,
Chairman, Health Science Subcommittee,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D. C.:

Having long been interested in the matter of health research facilities and especially interested in the sensory and blinding diseases field, we urge that H. R. 11913 be favorably considered. Because of inadequate existing facilities

for research in the field of public health, it is imperative that legislation before your committee on this subject be enacted. Great good will come out of such legislation.

Respectfully,

NATIONAL FOUNDATION FOR EYE RESEARCH,
J. M. ULMER, *Secretary.*

NEW YORK, N. Y., *April 22, 1958.*

Hon. JOHN BELL WILLIAMS,
House of Representatives,
Washington, D. C.:

We are delighted to learn hearings now underway on comprehensive bill authorizing aid to construction of medical research facilities, medical teaching facilities, and facilities for new medical shools. We believe this is very essential and forwardlooking bill and are hopeful that prompt and favorable action will result.

AMERICAN CANCER SOCIETY,
MEFFORD R. RUNYON,
Executive Vice President.

NEW YORK, N. Y., *April 22, 1958.*

Hon. JOHN BELL WILLIAMS,
Chairman, Health Science Subcommittee,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D. C.:

The health of our people is our country's most important asset. To protect this asset medical research facilities are urgently needed. The Federal Government can make no sounder investment than to provide funds for these facilities. We sincerely hope that your committee will give favorable consideration to H. R. 11913.

THOMAS E. FREEMAN,
Executive Director, Arthritis and Rheumatism Foundation.

AMERICAN ASSOCIATION OF LAND-GRANT COLLEGES
AND STATE UNIVERSITIES,
Washington, D. C., April 18, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
House Committee on Interstate and Foreign Commerce,
House Office Building, Washington, D. C.

DEAR REPRESENTATIVE WILLIAMS: I note that your subcommittee is holding hearings on April 22–23 on the following bills: H. R. 6874, H. R. 6875, and H. R. 7841, all involving Federal aid for education and research facilities in the health fields. This is to say that the American Association of Land-Grant Colleges and State Universities supports substantially the position of the American Veterinary Medical Association on this legislation: That is, that colleges and schools of veterinary medicine should be included in the provisions of the above legislation.

The substantive reasons for this recommendation are covered in the testimony of the American Veterinary Medical Association which will be given before your subcommittee, and there is no need to take the time to repeat them before your busy committee. For the record, however, it should be noted that the executive committee of the American Association of Land-Grant Colleges and State Universities has formally recorded its support of the general recommendations of the American Veterinary Medical Association.

Our association consists of 70 land-grant colleges and State universities, a list of which is appended. All but two of the United States degree-granting schools or colleges of veterinary medicine are affiliated with one of the member

institutions of this association, as well as a substantial number of the schools or colleges of medicine, dentistry, and public health covered in the bills as introduced.

Sincerely,

RUSSELL I. THACKREY,
Executive Secretary.

MEMBERS OF THE AMERICAN ASSOCIATION OF LAND-GRANT COLLEGES AND STATE UNIVERSITIES

Alabama Polytechnic Institute, Auburn, Ala.
Alabama Agricultural and Mechanical College,[1] Normal, Ala.
University of Alaska, College, Alaska
University of Arizona, Tucson, Ariz.
University of Arkansas, Fayetteville, Ark.
Agricultural, Mechanical and Normal College,[1] Pine Bluff, Ark.
University of California, Berkeley, Los Angeles, and other campuses in California
Colorado State University, Fort Collins, Colo.
University of Connecticut, Storrs, Conn.
Connecticut Agricultural Experiment Station, New Haven, Conn.
University of Delaware, Newark, Del.
Delaware State College,[1] Dover, Del.
University of Florida, Gainesville, Fla.
Florida Agricultural and Mechanical University,[1] Tallahassee, Fla.
University of Georgia, Athens, Ga.
Fort Valley State College,[1] Fort Valley, Ga.
Georgia Institute of Technology, Atlanta, Ga.
University of Hawaii, Honolulu, T. H.
University of Idaho, Moscow, Idaho
University of Illinois, Urbana, Ill.
Purdue University, Lafayette, Ind.
Iowa State College, Ames, Iowa
Kansas State College, Manhattan, Kans.
University of Kentucky, Lexington, Ky.
Kentucky State College,[1] Frankfort, Ky.
Louisiana State University, Baton Rouge, La.
Southern University,[1] Baton Rouge, La.
University of Maine, Orono, Maine
University of Maryland, College Park, Md.
Maryland State College,[1] Princess Anne, Md.
University of Massachusetts, Amherst, Mass.
Massachusetts Institute of Technology, Cambridge, Mass.
Michigan State University, East Lansing, Mich.
University of Minnesota, Minneapolis, Minn.
Mississippi State College, State College, Miss.
Alcorn Agricultural and Mechanical College,[1] Alcorn, Miss.
University of Missouri, Columbia, Mo.
Lincoln University,[1] Jefferson City, Mo.
Montana State College, Bozeman, Mont.
University of Nebraska, Lincoln, Nebr.
University of Nevada, Reno, Nev.
University of New Hampshire, Durham, N. H.
Rutgers University (the State University of New Jersey) New Brunswick, N. J.
New Mexico College of Agricultural and Mechanic Arts State College, N. Mex.
Cornell University, Ithaca, N. Y.
State University of New York, Albany, N. Y.
North Carolina State College, Raleigh, N. C.
Agricultural and Technical College of North Carolina,[1] Greensboro, N. C.
North Dakota Agricultural College Fargo, N. Dak.
Ohio State University Columbus, Ohio
Oklahoma State University, Stillwater, Okla.
Langston University,[1] Langston, Okla.
Oregon State College, Carvallis, Oreg.
Pennsylvania State University, University Park, Pa.
University of Puerto Rico, Rio Piedras, P. R.
University of Rhode Island, Kingston, R. I.

[1] Established as land-grant institution for Negroes.

Clemson Agricultural College, Clemson, S. C.
South Carolina State College,[1] Orangeburg, S. C.
South Dakota State College, College Station, S. Dak.
University of Tennessee, Knoxville, Tenn.
Tennessee Agricultural and Industrial State University,[1] Nashville, Tenn.
Texas Agricultural and Mechanical College System, College Station, Tex.
Agricultural and Mechanical College of Texas, College Station, Tex.
Prairie View Agricultural and Mechanical College,[1] Prairie View, Tex.
Utah State University Logan, Utah
University of Vermont, Burlington, Vt.
Virginia Polytechnic Institute, Blacksburg, Va.
Virginia State College,[1] Petersburg, Va.
State College of Washington, Pullman, Wash.
West Virginia University, Morgantown, W. Va.
University of Wisconsin, Madison, Wis.
University of Wyoming, Laramie, Wyo.

WASHINGTON UNIVERSITY,
St. Louis, Mo., April 21, 1958.

Mr. JOHN BELL WILLIAMS,
Chairman, House Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

DEAR MR. WILLIAMS: I am writing to urge your support of H. R. 7841, with the inclusion of the statements of Julia C. Thompson, of the American Nurses Association, to the Subcommittee on Health and Science.

We believe that it is important to expand and strengthen the educational programs on the master's and post-master's levels so that the hundreds of nurses who complete the programs will be prepared to fill responsible educational or nursing service positions.

Universities will need additional funds to construct facilities and also grants-in-aid to supplement the administrative and instructional costs.

Again I urge your support of H. R. 7841 with the inclusion of statements recommended by the American Nurses Association.

Sincerely yours,

LOUISE KNAPP, *Director.*

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.,
Chicago, Ill., April 29, 1958.

WARD DARLEY, M. D.,
Association of American Medical Colleges,
Evanston, Ill.

DEAR DR. DARLEY: The National Society for Crippled Children and Adults has been authorized by its executive committee, meeting on April 26, to endorse H. R. 11913, the bill which amends the Public Health Services Act to authorize grants for research and teaching facilities for existing and new medical, dental, and public health schools and continues for an additional 3-year period the provisions of title VII of the act. I am glad to be able to report to you that the society will support this bill, for I know that you and the organization which you represent regard it as essential legislation.

The national society, as you know, has approximately 1,600 State and local affiliates which provide a variety of services in the health field, including almost 1,000 rehabilitation and/or treatment centers. These and other services are dependent upon medical leadership and participation. The development of badly needed additional services in many areas hinges upon the availability of qualified members of the medical profession. Hence, the national society is acutely aware of the need of expanded research and teaching facilities for medical and related professions.

Our society is also aware that similar legislation in the past has been a major factor in the stimulation of research and training activity, without which the growing health needs of the Nation could not be met.

Very sincerely,

DEAN W. ROBERTS, M. D.,
Executive Director.

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[1] Established as land-grant institution for Negroes.

GEORGIA DENTAL ASSOCIATION,
Macon, Ga., May 22, 1958.

Re H. R. 6874, 6875, 7841, and 11913.

Hon. PAUL BROWN,
House of Representatives,
Washington, D. C.

DEAR SIR: The Georgia Dental Association respectfully urges you to support the American Dental Association's recommendation for a 5-year $50 million program of Federal grants-in-aid for the construction needs of the Nation's 47 existing dental schools and $15 million to accelerate the construction of 8 new schools now being planned.

Emory University School of Dentistry in Atlanta, Ga., will benefit significantly if this recommendation is adopted.

This grant program would contribute to the much-needed modernization and expansion of dental school facilities. It would also increase the enrollment of these schools by at least 1,000 students. If dentistry is to keep pace with the rapidly expanding population, an increase in the enrollment of the dental profession should not be delayed. The quality of dental education should be kept high, and this expansion program will help to improve the quality of dental education.

Sincerely yours,

F. M. BUTLER, Jr., D. D. S.,
Secretary-Treasurer.

DARTMOUTH COLLEGE,
Hanover, N. H., April 29, 1958.

Hon. JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
House of Representatives, Washington, D. C.

DEAR MR. WILLIAMS: I am writing to urge that the Subcommittee on Health and Science recommend enactment of legislation establishing a program of Federal grants-in-aid of the construction of medical education facilities.

Although there is justifiable concern about the financing of higher education generally, in my judgment several factors place the financing of medical education in a separate and "highest" priority category. Among these distinctive factors are:

(1) The relation of medical education to national health.

(2) The need for a marked expansion of medical education facilities if the availability and quality of medical care is to keep pace with the growth in our population.

(3) The cost of medical education. The education of doctors and medical scientists is the most expensive branch of higher education. The medical student pays only a small proportion of the cost of his education; but, because of the time required to complete this training (usually 10 or more years beyond high school), the total cost of medical education is already prohibitive for many who have all other qualifications for this essential profession.

(4) About half of the Nation's present medical schools are private, nonprofit institutions whose parent colleges and universities face critical problems of financing. These institutions are attempting to solve their total problem without the help of tax funds which are the principal source of income of public-supported institutions. Federal assistance in the improvement and expansion of medical educational facilities would ease considerably the total financial burdens of these institutions.

Because of these factors, I believe it is reasonable to single out medical education as an aspect of higher education in which there is a special national interest justifying the immediate extension of the present Federal program of grants for medical research facilities to provide major assistance in the construction of new medical educational facilities.

I should like to emphasize the urgency of action. The completion of plans, construction, and installation of equipment for a new medical-school building requires 3 or 4 years. We must begin now to expand our facilities for the education of doctors and medical scientists if the Nation's need in 1970 for medical care, research, and teaching are to be met.

President Eisenhower's budget message emphasized the importance of a Federal program to assist medical and dental schools to build teaching, as well as research, facilities.

I should like, as one responsible for an institution of higher education, to underline the timeliness of this action and to urge your committee to act favorably upon the pending proposal.

Sincerely,

JOHN S. DICKEY.

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS, INC.,
Chicago, Ill., May 6, 1958.

Hon. JOHN BELL WILLIAMS,
United States Representative,
House Office Building, Washington, D. C.

DEAR CONGRESSMAN WILLIAMS: We have noticed in a Washington report on the hearings on Federal aid to medical schools held by your subcommittee, a statement to the effect that no witnesses heard during the 3 days raised any objection to Federal aid.

Since it is our understanding that your subcommittee plans to rewrite the Federal aid to medical schools bill, we desire for you to know that this association is unalterably opposed to any type of Federal subsidization of medical schools because it would lead eventually to Federal control.

Also, we are not impressed with the claim that it would be one-shot temporary aid. Once this type of subsidy becomes law, the self-perpetuating bureaucrats will find new emergencies each year to exend and, undoubtedly, expand, the provisions of the law. As an example, originally the Hill-Burton Hospital Construction Act was a temporary emergency measure. It is still on the books and has been extended and expanded 4 times during the last 10 years.

As you are probably aware, the Supreme Court ruled in 1942: "It is hardly lack of due process for the Government to regulate that which it subsidizes" (317 U. S., p. 131). Last sentence of first paragraph decision by Justice Jackson in case of *Wickard* v. *Filburn*, 1942. It is for this reason that we know that Federal aid in any form carries with it Federal control.

I believe you will be interested to know that my home medical society (Tarrant County-Fort Worth, Tex.) is on record, by resolution adopted on May 17, 1955, of opposing Federal aid to medical schools.

A marked copy of the resolution adopted by the assembly and delegates of the Association of American Physicians and Surgeons on April 27, 1957, is enclosed. All of these resolutions, including the one on opposition to Federal aid to medical schools, were reaffirmed by the AAPS assembly and delegates at their meeting held in San Francisco on April 10, 11, and 12, 1958.

We trust that you and the members of your committee will give our views your most serious and thoughtful consideration.

Sincerely,

MAL RUMPH, M. D., *President.*

RESOLUTION

Whereas the Supreme Court of the United States has ruled that the Government of the United States shall control that which it subsidizes (U. S. 317, 1942, p. 131); and

Whereas it has been the policy of the American Medical Association to oppose Federal subsidies to medical education because of the attendant Federal control; and

Whereas on May 6, 1955, representatives of the American Medical Association appeared before the Subcommittee on Health of the Senate Committee on Labor and Public Welfare and offered testimony supporting Federal subsidy to medical education (S. 1323); and

Whereas the chief burden of their support of S. 1323 rested upon their statement that an emergency exists of sufficient gravity to justify acceptance of a single Federal grant with its recognized attendant Federal control; and

Whereas the American Medical Association's testimony did present background figures proving that American medical schools, American doctors, and American medicine are the best in the world, and that this state of affairs had developed even though the number of medical schools has gradually decreased, their quality has increased, and further, that more doctors are being graduated now than at any previous time in our history; and

Whereas it is obvious that, since the quality of medical schools, the training of doctors, and the number of graduates is at the highest level ever, these excellent conditions were developed without the dubious assistance of Government subsidies; and

Whereas since the Federal Government receives practically all its financial support from the citizens of the several States; and

Whereas it is the most elementary of mathematical problems to determine that a State can better afford to support its own schools without Federal taxation and subsidy than it can after Federal taxation and return of a small percent of the take in subsidies; and

Whereas the Federal financial condition is worse than that of any State, and the Federal Government has no money to give to education without further deficit financing; and

Whereas since the Hill-Burton laws, which provide Federal subsidy for construction of hospitals (also supported by the American Medical Association because they were, originally, a temporary proposition and involved a single grant), now bid fair to become a permanent Government subsidy due to the congressional extension to 1960 and inclusion of additional provisions; the words "temporary" and "single grant" offer no protection against perpetuation: Now, therefore, be it

Resolved, That we, the members of the Tarrant County Medical Society, in regular session assembled this 17th day of May 1955, do hereby and herein express as our considered belief that S. 1323 represents a further attempt of Government to control the practice of medicine in this Nation; and be it further

Resolved, That it is our feeling that the American Medical Association knowingly abandoned principle by supporting S. 1323, even with reservations, as demonstrated by their statement, "We believe it (Federal aid) to be a dangerous device because of the degree of regulation which must necessarily accompany Federal funds"; and be it further

Resolved, That we herein and hereby express our unalterable and unequivocal opposition to Federal subsidization of education, medical or otherwise, temporary or permanent, single or multiple grant; and be it further

Resolved, That we, the members of the Tarrant County Medical Society, duespaying members of the American Medical Association, do now call upon the house of delegates of the American Medical Association to retract the testimony which was presented to the Subcommittee on Health of the Senate Committee on Labor and Public Welfare on May 6, 1955, in support of S. 1323; and be it further

Resolved, That we strongly recommend that the house of delegates of the American Medical Association at the 1955 session adopt resolutions stating an unalterable and unequivocal policy of complete opposition to Government subsidization of education in any degree; and be it further

Resolved, That this resolution be spread upon the minutes of this meeting, and that copies be sent to:

All officers of the American Medical Association.
Council on medical education and hospitals of the American Medical Association.
All members of the house of delegates of the American Medical Association.
Secretary of each State medical association.
Officers of the Texas Medical Association.
Members of council on medical jurisprudence of the Texas Medical Association.
County society secretaries of Texas.
Executive secretary of the Association of American Physicians and Surgeons.
Senate Committee on Labor and Public Welfare.
House Interstate and Foreign Commerce Committee.
Texas Congressmen and Senators.

CERTIFICATION

I, the undersigned, hereby certify that the above is a true and correct copy of the resolution adopted by the Tarrant County Medical Society, a membership of over 400, at its regular meeting held at Fort Worth, Tex., on the 17th day of May 1955.

S. W. WILSON, M. D.,
Secretary.

RESOLUTION NO 12. FEDERAL SUBSIDIZATION OF MEDICAL SCHOOLS

Whereas proposals have been introduced into the Congress (S. 1917, S. 1922; H. R. 6874, H. R. 6875) to provide Federal aid for medical and dental school construction and expansion; and

Whereas Federal subsidy for medical and dental school construction and expansion inevitably would lead to Federal control of medical education; and

Whereas the control of medical and dental education is a right reserved to the States by the Constitution: Therefore be it

Resolved, That the assembly and house of delegates of the Association of American Physicians and Surgeons, Inc., in regular session assembled in Miami Beach, Fla., this 27th day of April 1957, oppose Federal subsidies for medical and dental schools.

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